



COUNTY BOROUGH OF GRIMSBY

ANNUAL REPORT

OF THE

Medical Officer of Health

FOR THE YEAR

1964

INCLUDING REPORT ON THE

SCHOOL HEALTH SERVICE



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TABLE OF CONTENTS.

	PAGE
Health Committee and Sub-Committees	5
Staff of Health Department	6-7
Introduction... ..	8-9

Part I

Statistics and Social Conditions

Summary of Statistics	10-11
Population	11
Births; Stillbirths	11
Deaths	11
Infant, Neo-Natal and Perinatal Mortality	12
Maternal Mortality	12
State of Employment	12
Rainfall	12

Part II

Prevalence of, and control over, Infectious and other Diseases

Notifiable infectious diseases	13
Scarlet fever	13
Whooping Cough	13
Measles	13
Acute Poliomyelitis	13
Dysentery	13
Food poisoning	13
Puerperal pyrexia	13
Pneumonia	14
Erysipelas	14
Acute Rheumatism	14
Chicken pox	14
Public Health (Infectious Diseases) Regulations, 1953	14
Cases, contacts or carriers of infectious diseases	14

Cancer	14
---------------	----

Tuberculosis

Notifications... ..	14
Deaths	15
Revision of register	15
Mass radiography	15
Chest Clinic	15-17
Preventive care	17-18
Employment conditions	18
Follow-up of cases	18

Venereal Diseases	19
--------------------------	----

Part III

Local Health Services

PAGE

Care of Mothers and Young Children

Infant welfare centres	20
Distribution of welfare foods and nutritives	20
Mothercraft	20
Ante-natal and post-natal clinics	20-21
Notification of births	21
Infant mortality	21
Prematurity	21
Stillbirths	22
Maternal mortality	22
The "At Risk" Groups	22
Notification of Congenital Malformations apparent at Birth	22
Care of unmarried mothers	23
Ophthalmic treatment	23
Ophthalmia neonatorum and pemphigus neonatorum	23
Orthopaedic cases	23
Nurseries and Child-Minders Regulation Act, 1948	23
Children in care and for adoption	23
Dental treatment	23
Midwifery	24
Health Visiting	24-25
Problem Families	25
Home Nursing	25-27
Vaccination and Immunisation	27-29
Ambulance Service	29-31
Prevention of Illness, Care and After-Care	31
Central Care Council	31-32
B.C.G. Vaccination	32
Yellow fever vaccination	32
Chiropody Service	32
Health Education	32-33
Domestic Help	34-35
Mental Health:—	
Administration	35-36
Work undertaken in the community	36
Mental Health Act, 1959	36-37
Girls' club	37
Training centres	37
Special Care Unit	37

Part IV

Sanitary Circumstances

Staff	38
Water supply	38-39
Sewerage and drainage	39
Public cleansing	39
Sanitary inspections, etc.	39-40
Offensive trades	40
Fish and offal transport	40
Pests and vermin control	40
Cleansing of persons	40
Atmospheric pollution	40
Swimming baths	40
Factories Act	40
Places of entertainment	40
Offices, Shops and Railway Premises Act	40-41
Noise Abatement Act	41

Part V

Housing

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Part VI

Inspection and Supervision of the Food Supply

Inspection of meat and other foods	43-44
Fish inspection and Export Certificates	...	...	...	...	...	44
Milk supply	...	...	...	...	...	44-45
Ice cream	...	...	...	...	...	45
Food hygiene	...	...	...	...	...	45
Food poisoning	...	...	...	...	...	45
Food and Drugs sampling	...	...	...	...	...	45-46
Fertilisers and Feeding Stuffs	...	...	...	...	...	46

Part VII

Additional Information

Incidence of blindness	...	...	...	...	...	...	...	47
Persons in need of care and attention	...	...	...	...	...	...	...	47
Epileptics and spastics	...	...	...	...	...	...	...	47-48
Medical examinations	...	...	...	...	...	...	...	48-49
Blood donors	...	...	...	...	...	...	...	49
Laboratory facilities	...	...	...	...	...	...	...	49
Grimby Crematorium	...	...	...	...	...	...	...	49

Part VIII

Statistical Tables

Vital Statistics during 1964 and previous years (Table I)	...	...	...	52
Birth Rates, England and Wales and Grimsby (Table 2)	...	...	...	53
Death Rates, England and Wales and Grimsby (Table 3)	...	...	...	53
Causes of and ages at death (Table 4)	...	...	...	54
Infant Mortality (Table 5)	...	...	...	55
Cases of Notifiable Diseases (Table 6)	...	...	...	56
Tuberculosis (Tables 7 and 8)	...	...	...	57
Factories Act (Table 9)	...	...	...	58-59

Part IX

School Health Service

Introduction...	...	...	...	...	...	...	62-63
Staff of School Health Service	...	...	...	...	...	...	64
General Information	...	...	...	...	...	...	65
Nutrition	...	...	...	...	...	...	65-66
Uncleanliness	...	...	...	...	...	...	66
Diseases of the skin...	...	...	...	...	...	...	66
School Clinics	...	...	...	...	...	...	66-67
Defective Vision and diseases of the eye	...	...	...	...	...	...	67
Ear, Nose and Throat	...	...	...	...	...	...	67
Heart diseases and rheumatism	...	...	...	...	...	...	67
Orthopaedic Clinic ...	...	...	...	...	...	...	67
Handicapped pupils	...	...	...	...	...	...	68
Infectious diseases ...	...	...	...	...	...	...	68
B.C.G. Vaccination	...	...	...	...	...	...	69
Tuberculin Survey in Schools	...	...	...	...	...	...	69
Protection against diphtheria	...	...	...	...	...	...	69
Poliomyelitis Vaccination ...	...	...	...	...	...	...	69-70
Employment Certificates	...	...	...	...	...	...	70
Dental Service	...	...	...	...	...	...	70-72
Child Guidance Service	...	...	...	...	...	...	72-77
Physical Education	...	...	...	...	...	...	77-84
Medical Inspection Returns	...	...	...	...	...	...	85-92

GRIMSBY COUNTY BOROUGH HEALTH COMMITTEE

(as constituted on 31st December, 1964)

The Worshipful the Mayor
(Councillor Miss J. B. B. McLaren, J.P.)

Chairman

ALDERMAN F. G. GARDNER

Deputy Chairman

ALDERMAN E. W. MARSHALL

Aldermen

A. H. CHATTERIS	C. J. MOODY
J. H. FRANKLIN	J. P. MURPHY
Mrs. M. LARMOUR	A. C. PARKER
M. LARMOUR	

Councillors

George R. Berrett	A. W. Kennington
Graham H. Berrett	N. E. Pegg
A. Bradley	F. J. Shinner
R. Burton	T. W. Sleeman
Mrs. M. Elliott	Mrs. L. Trayer
B. Faulding	Mrs. M. E. Tuxworth
Mrs. F. E. Franklin, J.P.	W. E. Wilkins
L. Gostelow	J. A. Winn
I. C. Hanson	

and the following Co-opted Members :—

Dr. J. Cottrell, J.P.	Mr. A. Liles
Mr. W. Haigh	Dr. E. A. Robertson
Mr. C. R. Jenkins	Mr. C. W. Spendelow

SUB-COMMITTEES OF THE HEALTH COMMITTEE

MENTAL HEALTH :—

COUNCILLOR MRS. FRANKLIN (*Chairman*); ALDERMAN MRS. LAMOUR (*Deputy-Chairman*); ALDERMEN GARDNER, M. LAMOUR, MARSHALL, MOODY AND PARKER; COUNCILLORS G. R. BERRETT, BRADLEY AND MRS. TRAYER.
Co-opted Members :—MESDAMES H. L. R. BONTOLT AND M. CRESSWELL; DR. W. P. HAIGH.

PERSONAL HEALTH :—

ALDERMAN MARSHALL (*Chairman*); COUNCILLOR MRS. TUXWORTH (*Deputy-Chairman*); ALDERMEN GARDNER, MRS. LAMOUR, M. LARMOUR, MOODY AND PARKER; COUNCILLORS G. H. BERRETT, FAULDING AND MRS. TRAYER.
Co-opted Members :—MRS. M. CRESSWELL; MESSRS. A. LILES AND J. SULLIVAN; DR. T. BARROWMAN.

PUBLIC HEALTH :—

ALDERMAN GARDNER (*Chairman*); ALDERMAN MARSHALL (*Deputy Chairman*); ALDERMEN M. LARMOUR, MOODY, AND PARKER; COUNCILLORS G. H. BERRETT, GOSTELOW, KENNINGTON, SLEEMAN AND MRS. TRAYER.
Co-opted Members :—MRS. H. L. R. BONTOLT; MESSRS. A. CUCKSON, M. HOOLE, N. HOPPER AND T. HUNT.

STAFF OF THE HEALTH DEPARTMENT, 1964.

MEDICAL OFFICER OF HEALTH AND PRINCIPAL SCHOOL MEDICAL OFFICER

R. GLENN, M.B., B.Ch., B.A.O., D.P.H.

DEPUTY MEDICAL OFFICER OF HEALTH AND DEPUTY PRINCIPAL SCHOOL MEDICAL OFFICER

S. R. W. MOORE, M.B., B.Ch., B.A.O., D.P.H.

ASSISTANT MEDICAL OFFICERS OF HEALTH AND SCHOOL MEDICAL OFFICERS

J. G. J. COGHILL, M.B., Ch.B.

EILEEN M. PRIOR, L.R.C.P., M.R.C.S.

J. L. T. GRAHAM, L.R.C.P., L.R.C.S., L.M. (to 31.10.64)

MARGARET F. SMITH, M.B., Ch.B. (from 1.12.64)

CHIEF PUBLIC HEALTH INSPECTOR.

HAROLD PARKINSON, 1, 2.

PUBLIC HEALTH INSPECTORS

A. MANSON, 1, 2. (*Deputy Chief Inspector*)

W. W. REED, 1, 2. (*Senior Inspector*)

S. MASTIN, 1, 2.

J. HUFFORD, 1, 2.

C. R. WILSON, 1, 2, 3.

L. KIRBY, 1, 2.

B. HAGUE, 1, 2. (from 1.10.64)

D. C. VANSON (Pupil) (to 24.10.64)

M. HUTCHINSON (Pupil)

L. SAUNBY (Pupil)

T. H. R. JOHNSON (*Drainage Assistant*)

E. A. MILLER (*Technical Assistant*)

HEALTH VISITORS

MRS. I. HALDANE, 4, 5, 6. *Superintendent.*

MISS I. R. ADAMSON, 4, 5, 6.

MISS M. C. BAGG, 4, 5, 6.

MISS J. BELL, 4, 5, 6.

MISS H. BRAGG, 4, 5, 6.

MRS. M. DAWSON, 4, 5, 6.

MRS. M. B. KOZLOWSKI, 4, 5, 6.

MISS H. C. NUNNS, 4, 5, 6. (from 20.7.64)

MISS K. L. SPENCER, 4, 5, 6.

MRS. I. M. STOREY, 4, 5, 6.

MRS. G. M. TILL, 4, 5, 6. (to 12.2.64)

MISS E. M. TIPPLER, 4, 5, 6.

MISS J. D. M. VARRIE, 4, 5, 6.

MRS. J. A. VEITCH, 4, 5, 6. (to 16.10.64)

MISS E. M. WEBSTER, 4, 5, 6. (from 20.7.64)

TUBERCULOSIS VISITORS

MISS D. ATKIN, 4, 5, 6.

MRS. M. E. POUT, 4*. (from 5.10.64)

MRS. R. DONSON, 4, 5.* (to 12.9.64)

CLINIC NURSES

MRS. M. COLEMAN, 4.

MRS. I. D. MILLS, 4, 5. (from 20.7.64)

MRS. J. W. R. MASON, 4, (to 18.7.64)

HOME NURSING SERVICE

MISS F. ENGLEADOW, 4, 5, 6. *Superintendent,*
and staff of 16 nurses and 1 part-time bathing attendant.

MUNICIPAL MIDWIVES

MISS F. ENGLEADOW, *Non-Medical Supervisor.*

MISS E. BAXTER, 4, 5.

MISS G. A. BAXTER, 4, 5.

MRS. C. BEDFORD, 4, 5.

MRS. C. E. CALTHORPE, 4, 5.

MISS C. CULLUM, 4, 5.

MISS H. M. FAWCETT, 4, 5.

MRS. K. G. GILMOUR, 4, 5.

MRS. M. JOHNSON, 4, 5.

MISS J. ORREY, 4, 5.

MRS. D. M. STEPHENSON, 4, 5.

MRS. C. WESTACOTT, 4, 5.

MRS. J. YEOMANS, 5.

MENTAL WELFARE OFFICERS

MISS E. M. WOULD, *Chief*.
 G. W. A. MACKENZIE
 L. C. RACKHAM
 MRS. J. V. STRINGER

MRS. M. TWIDALE*
 MRS. C. M. A. PRESTON* (from 20.1.64)
 E. M. P. FRANKLIN (Trainee)
 E. TILLING (Instructor)

JUNIOR TRAINING CENTRE

MISS E. PATERSON, *Supervisor*.
 MISS H. M. BARKER
 MRS. P. BERRY* (from 14.4.64)
 MRS. J. M. BRYANT (from 9.1.64)

MRS. A. E. GORRINGE
 MISS J. LAURENCE
 MRS. C. A. MILNE (to 31.1.64)
 MRS. A. Y. WESTWOOD

AMBULANCE SERVICE

E. BROWN, Ambulance Officer, and staff of 31.

DOMESTIC HELP ORGANISER

MISS L. BLACKBURN

SOCIAL WORKER

MRS. M. PENDLEBURY

CLERICAL STAFF

W. R. GALE, *Chief Clerk*
 D. AMERY
 P. T. KITCHING
 MRS. J. E. KNIGHT

MRS. S. HUMPHREY (to 2.10.64)
 MISS B. C. DRESCHER
 MISS S. MORELLEC (from 12.10.64)

Public Health Inspector's Sub-Department

S. NASH
 MISS M. BRYSON
 MISS S. A. COULTAS (to 24.9.64)

MISS S. C. BARBER (from 21.9.64)
 MISS E. SMITH (from 21.9.64)

Maternal and Child Welfare Service.

MRS. J. A. POTTER
 MISS S. WILLING
 MRS. R. EARLEY
 MRS. I. SMITH

MRS. D. REDDING (to 31.12.64)
 MRS. E. DUMELOW*
 MRS. M. D. RUDD*
 MISS W. F. MOODY (from 28.12.64)

Mental Health Service.

MISS L. E. HUTSON
 MISS E. M. ROEBUCK (from 6.4.64)

MRS. P. L. REID (to 21.3.64)

Domestic Help Service.

MRS. S. M. BANKS

MISS A. M. PLASTOW

Ambulance Service.

MRS. P. BEALEY

Home Nursing Service.

MRS. G. C. HILL

* Part-time appointment.

1. Public Health Inspector's Certificate.
2. Meat Inspector's Certificate.
3. Smoke Inspector's Certificate.
4. State Registered Nurse.
5. State Certified Midwife.
6. Health Visitor's Certificate.

INTRODUCTION

To the Mayor, Aldermen and Councillors of Grimsby County Borough.

I have the honour of presenting the statutory Annual Report on the Health of the Borough for the year 1964.

The vital statistics indicate a flourishing and healthy community. The birth rate is the highest since the post-war years, and all the infant death rates are the lowest yet recorded for this Borough, being well below the national average. The excess of live births over the total number of deaths was 861, yet the population estimate fell by 1,050. This very serious loss to the surrounding areas has been commented on before, and if the recommendation of the Boundary Commission is implemented the balance may be restored.

There were no large scale epidemics during the year, but there were two deaths due to infectious disease (one measles and one poliomyelitis). It was noteworthy that the case of poliomyelitis had not been previously immunised and that measles can still kill. It is very encouraging that there was only one small outbreak of food poisoning which reflects great credit on all concerned.

The total deaths from cancer have risen and are above the national average. Those deaths localised in the lung or bronchus have also increased. The cigarette addicts still carry on regardless, but the younger folk not yet addicted should hesitate before commencing this fatal and expensive habit. It is encouraging to learn that the advertising of cigarettes on television will shortly cease. One notices more people smoking cigars, whiffs and cheroots, and if people must smoke, these are unlikely to cause lung cancer.

Tuberculosis remains in the community if not as a threat yet a risk to those who are careless. It will be seen that the death rate over the past ten years has decreased slowly, but there would appear to be a core of old cases which contribute to this as well as being a source of infection.

One hears a great deal about the national increase in venereal disease, but Grimsby does not seem to be sharing this especially in so far as teenagers are concerned. Despite an increase in gonorrhoea, the total referred to the clinic was less than the previous year.

The number of chronic sick visited fell to 141, and of these 84 were found to be urgently in need of a bed on sociological grounds. Thirty-three would have benefited from hospitalisation, but due to a scarcity of suitable beds were unlikely to obtain admission. As previously, the number of aged females outnumbered the males and this often means a considerable waiting period of from four to six weeks even in a distressing case.

Mental illness shows no signs of diminishing and this section has had a busy year. The sickness and ultimate retirement of Mr. MacKenzie placed an extra strain on the staff. He was well known in the town and we wish him a happy retirement. Despite advertisements, no qualified applicants were forthcoming and the post had to be filled by a person who had done social work in another sphere. This authority is not convinced of the value of hostels for mental cases, but the site for the Adult Training Centre is now cleared and it is hoped to build next year. The local psychiatric unit at the Scartho Road Hospital has performed a useful service in the community and for the first time the number of cases requiring admission to the mental hospital has fallen.

The co-operation enjoyed by the Health Department with the other services in the district is excellent and is greatly appreciated.

It is always a pleasure to pay tribute to the keenness of the Health Committee and its sub-committees in dealing with all matters concerning the health of the community, and the work of the local health authority could not be carried on without a loyal staff, to whom I am most grateful.

R. GLENN,
Medical Officer of Health.

HEALTH DEPARTMENT,
1 Bargate, Grimsby.
May, 1965.

PART I.—STATISTICS AND SOCIAL CONDITIONS.

SUMMARY OF STATISTICS.

Area (in acres)—excluding foreshore	5,963
Registrar General's estimate of population, mid-1964	95,300
No. of inhabited houses (end of 1964) according to Rate Books ..	29,690
Rateable value at 1st April, 1964	£3,503,540
Sum represented by a penny rate product, 1964/65	£14,039
Live births :—	
Males	
Females	
Total	
Legitimate	909
Illegitimate	93
	<hr/>
	1,002
	<hr/>
	958
	<hr/>
	1,960
	<hr/>
Live birth rate per 1,000 population	20.5
Adjusted live birth rate (area comparability factor 1.02)	20.9
Illegitimate live births (per cent. of total live births)	9.2
Stillbirths :—	
Legitimate	14
Illegitimate	16
	<hr/>
	30
	<hr/>
	14
	<hr/>
	16
	<hr/>
	30
	<hr/>
Stillbirths rate per 1,000 total live and still births	15.0
Total live and still births	1,990
Infant deaths :—	
Legitimate	15
Illegitimate	13
	<hr/>
	2
	<hr/>
	15
	<hr/>
	15
	<hr/>
	30
	<hr/>
Infant mortality rates :—	
Total infant deaths per 1,000 total live births	15.3
Legitimate infant deaths per 1,000 legitimate live births ..	15.7
Illegitimate infant deaths per 1,000 illegitimate live births ..	11.1
Neo-natal mortality rate (deaths under 4 weeks per 1,000 total live births)	9.7
Early Neo-natal mortality rate (deaths under 1 week per 1,000 total live births)	7.6
Perinatal mortality rate (stillbirths and deaths under 1 week combined per 1,000 total live and still births)	22.6
Maternal mortality (including abortion) :—	
Number of deaths	1
Rate per 1,000 total live and still births	0.5
Deaths (Males 551; Females 548)	1,099
Death rate	11.5
Adjusted death rate (area comparability factor 1.12)	12.9

	<i>Number</i>	<i>Rate</i>
Deaths from measles	1	0.01
„ „ whooping cough	—	—
„ „ diphtheria	—	—
„ „ respiratory tuberculosis	6	0.06
„ „ other tuberculosis diseases	1	0.01
Total tuberculosis deaths	7	0.07
Deaths from cancer	214	2.24
„ „ influenza	—	—

Population.—(Table 1, page 52). The Registrar General's estimate of the home population of Grimsby at mid-year 1964 was 95,300, a decrease of 1,050 on his estimate for the previous year. The natural increase of the population, i.e., the excess of live births over deaths, was 861.

Births.—(Tables 1 and 2, pages 52 & 53). There were 1,960 live births (1,002 males and 958 females), giving a birth rate of 20.5 per thousand of the population.

The adjusted birth rate for Grimsby County Borough (calculated by multiplying the crude rate by the Registrar General's area comparability factor of 1.02) was 20.9, compared with 18.4 for England and Wales.

One-hundred and eighty (9.2 per cent) of the live births were illegitimate, the illegitimacy rate being 92.0 per thousand live births, compared with 76.8 for 1963.

Stillbirths.—Thirty stillbirths were registered, giving a rate of 0.31 per thousand of the population. The rate expressed per thousand total (live and still) births was 15.0; for England and Wales it was 16.3. For comparison, the respective rates for the previous year were 19.7 and 17.2.

Deaths.—(Tables 3 and 4, pages 53 & 54). There were 1,099 deaths of Grimsby residents (551 males and 548 females), equal to a death rate of 11.5.

The adjusted death rate for Grimsby (calculated by multiplying the crude rate by the Registrar General's area comparability factor of 1.12) was 12.9, compared with 11.3 for England and Wales.

Seven hundred and nine persons—comprising residents and non-residents—died in institutions in the borough, equivalent to 55 per cent. of the total deaths (1,280) registered. The percentage last year was 52.

Deaths of residents at 70 years of age and upwards totalled 640 (612 last year), the number at age periods being :—

	<i>Males</i>	<i>Females</i>	<i>Total</i>
Between 70 and under 75 years	75	89	164
„ 75 „ „ 80 „	90	91	181
„ 80 „ „ 85 „	67	98	165
„ 85 „ „ 90 „	33	59	92
90 years and over	13	25	38

This is equal to 58 per cent. of the total deaths, compared with 57 per cent. in 1963.

Table 4 gives the causes of death in age periods and has been compiled from figures supplied by the Registrar General.

Infant Mortality.—(Table 5, page 55). Thirty deaths under one year of age were registered, giving an infant mortality rate of 15.3 per thousand live births—the lowest ever recorded for the Grimsby County Borough—compared with 19.1 last year. The corresponding rates for England and Wales were 20.0 and 21.1 respectively.

The infant deaths are classified by cause in the table referred to.

Neo-Natal Mortality.—Of the 30 deaths recorded above, 19 were of infants under 4 weeks, equivalent to a rate of 9.7 per thousand live births (11.3 last year). The rate for England and Wales was 13.8.

The early neo-natal mortality rate for Grimsby—15 of the deaths being of infants under one week of age—was 7.6 per thousand live births; for 1963 it was 9.8.

Perinatal Mortality.—The combined number of stillbirths and deaths of infants under one week was 45, which gives a rate of 22.6 per thousand total live and still births, compared with 29.3 the previous year.

Maternal Mortality.—One maternal death occurred in a Grimsby resident, giving a rate of 0.50 per thousand total live and still births; for England and Wales it was 0.25.

State of Employment.—The Manager of the Ministry of Labour Employment Exchange has kindly furnished particulars regarding the number of registered unemployed persons in the Grimsby Exchange area, which covers Grimsby, Cleethorpes and the Grimsby Rural District. Separate figures are not available.

Total live register in January, 1964		
(males 1,493; females 285)	.. ..	1,778

Total live register in July, 1964		
(males 910; females 201)	.. ..	1,111

Total live register in December, 1964		
(males 1,434; females 275)	.. ..	1,709

These figures exclude registered disabled persons requiring employment, but include temporarily stopped claimants.

Rainfall.—The total rainfall recorded during the year was 17.70 inches (25.71 in 1963), the heaviest fall being 2.00 inches on the 14th March.

PART II.—PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES.

NOTIFIABLE INFECTIOUS DISEASES.

The incidence of notifiable diseases (other than tuberculosis) was as follows :—

Diseases	Total Cases notified.	Cases admitted to Hospital.	Total Deaths
Scarlet fever	57	—	—
Whooping cough	34	1	—
Measles	1,962	9	1
Acute Poliomyelitis— Paralytic	1	1	1
Dysentery	180	5	—
Food poisoning	2	—	—
Puerperal pyrexia	5	2	—
Acute pneumonia	19	2	50
Erysipelas	1	—	—
Chicken pox	363	1	—
Totals	2,624	21	52

No notifications were received of other notifiable diseases not specified in the table above, e.g., diphtheria, smallpox, etc., and Table 6 on page 56 gives the age and sex distribution of the total cases notified.

Scarlet Fever.—57 cases (32 males and 25 females) were notified, compared with 34 in 1963. None of the cases were treated to hospital.

Whooping Cough.—34 notifications (19 males and 15 females) were received, compared with 180 the previous year. One case was admitted to hospital.

Measles.—1,962 cases (999 males and 963 females) were reported, compared with 1,461 the previous year. Nine cases were treated in hospital, and one death—a female child, aged 17 months—was due to broncho-pneumonia.

Acute Poliomyelitis.—One case of paralytic poliomyelitis was notified—a male, aged 41 years—who died ten days after admission to hospital. This man had not been immunised and the source of infection was unknown.

Dysentery.—Notifications of this disease totalled 180 (86 males and 94 females) compared with 114 in 1963. Most of these were again due to *Shigella Sonnei*, and there were no deaths.

Food Poisoning.—Two cases were notified during the year, and a further case was 'otherwise ascertained'. A male and a female child partook of an evening meal of tinned soup and tinned beans and were both taken ill within 4-hours after ingestion. The family doctor suspected the tinned beans as the contaminated food, but the grandmother, who prepared the meal, was receiving treatment for varicose ulcers in one leg, which appeared to be the only source of infection since examination of the beans remaining in the tin proved negative. The agent causing the outbreak was therefore not identified, but was thought to be staphylococcus.

Puerperal Pyrexia.—Five notifications were again received, two of the cases being treated in hospital. The attack rate per thousand total births was 2.51.

Acute Pneumonia.—Nineteen cases of primary pneumonia were reported, two being treated in hospital. Fifty deaths were ascribed to all forms of pneumonia, giving a death rate of 0.52.

Erysipelas.—Only one case of this disease was notified, the patient being treated at home.

Acute Rheumatism.—The Acute Rheumatism Regulations require the notification of cases of acute rheumatism in persons under 16 years of age occurring in specified parts of England. No such cases were reported in the year under review.

Chicken Pox.—Notifications totalled 363 (178 males and 185 females) compared with 725 last year. One case was admitted to hospital.

Public Health (Infectious Diseases) Regulations, 1953.—It was not necessary to take any action under these Regulations during the year.

Cases, Contacts or Carriers of Infectious Diseases.—A notice was sent to employers of 22 cases (12 males and 10 females) of infectious disease who were engaged in the handling of food, informing them that the person concerned should not resume his/her employment until the medical officer of health certified that it was safe to do so.

Certificates of exclusion from work in accordance with Ministry of Health Circular 115/48 were issued to 52 contacts or carriers (23 males and 29 females) also engaged in the handling of food.

CANCER

Deaths due to cancer totalled 214 (123 males and 91 females), giving a local death rate from this cause of 2.24 compared with 2.20 for England and Wales. The rates for the previous year were 1.96 and 2.17 respectively.

The number of the above deaths ascribed to cancer of the lung and bronchus was 51 (47 males and 4 females), equal to a rate of 0.53 per thousand population for Grimsby, which is the same as that for England and Wales. The corresponding rates for 1963 were 0.49 and 0.52 respectively.

Other cancer death rate was 1.71 (England and Wales 1.67) compared with rates of 1.47 and 1.65 respectively for last year.

TUBERCULOSIS

Notifications.—(Tables 7 and 8, page 57). Notifications under the Public Health (Tuberculosis) Regulations, 1952 totalled 47, compared with 46 the previous year. A further 7 cases of tuberculosis already notified in other areas moved into the borough.

Deaths.—(Tables 7 and 8). The following shows the number of deaths and the death rate from tuberculosis per thousand of the population :—

				<i>Grimsby</i>	<i>England and Wales</i>	
				<i>Number</i>	<i>Rate</i>	<i>Rate</i>
Respiratory	..	..	..	6	0.063	0.047
Other forms	..	..	..	1	0.010	0.006
				<hr/>	<hr/>	<hr/>
				7	0.073	0.053
				<hr/>	<hr/>	<hr/>

The total tuberculosis death rates in each year of the Decennium (1955—1964) was :—

	1955	1956	1957	1958	1959	1960	1961	1962	1963	1964
England and Wales	0.14	0.11	0.10	0.10	0.08	0.07	0.07	0.06	0.06	0.05
Grimsby	0.19	0.19	0.12	0.16	0.12	0.08	0.10	0.07	0.08	0.07

Revision of Register.—The names of 72 notified persons were removed from the register during the year, these consisting of :—

Died	..	..	..	..	..	..	..	..	7
Recovered	..	..	..	..	..	..	..	..	34
Left district	..	..	..	..	..	..	..	..	18
Died from causes other than tuberculosis	..	..	..	..	..	..	..	..	8
Not desiring further public medical treatment	..	..	..	..	..	..	..	..	5

On 31st December, 1964, there were 740 cases on the register of the Medical Officer of Health, 678 pulmonary and 62 non-pulmonary patients.

Mass Radiography.—The Lincolnshire Mass Radiography Unit visited Grimsby during the period 28th August to 21st September, and the following information is available. :—

Miniature films taken	..	..	..	..	12,873
Recalled for large films	..	..	..	..	140
Referred to (a) Chest Clinic	..	..	..	..	32
(b) own doctor	..	..	..	..	15
Cases of pulmonary tuberculosis requiring					
(a) close clinic supervision or treatment					9
(b) occasional supervision	..	..	..	..	2
Post primary inactive pulmonary tuberculosis	..	..	..	..	11
Malignant neoplasm	..	..	..	..	4
Cardiac abnormality	..	..	..	..	15

Chest Clinic.—The following information has been supplied by Dr. J. Glen, Consultant Chest Physician, and is a general analysis of the work carried out in regard to Grimsby patients at this clinic during 1964.

<i>New cases examined (excluding contacts) :</i>					<i>Total</i>
(a) Definitely tuberculous	..	..	..	39	} 2,582
(b) Diagnosis not completed	..	..	..	52	
(c) Non-tuberculous	..	..	..	2,491	

Contacts examined:

(a) Definitely tuberculous	8	}	608
(b) Diagnosis not completed	..	..	..	24	
(c) Non-tuberculous	..	..	..	576	

Cases written off Clinic Register, including 3,148 non-tuberculous .. 3,225

Cases on Clinic Register as at 31st December, 1964:

(a) Definitely tuberculous	..	..	..	774	}	..	..	856
(b) Diagnosis not completed	..	..	..	82				
Total attendances at Clinic, including contacts	..	..	..	..				6,452
Consultations with medical practitioners	..	..	..	..				7,459
Home visits by nurses	..	..	..	..				2,401
X-ray examinations:—Radiographic film	..	..	..	..				2,639
Fluorographic screen	..	..	..	..				1,056

The number of new diagnosed cases again showed a decrease as compared with 1963 and consisted of 31 pulmonary and 8 non-pulmonary patients, the latter all in adult females. Perhaps the most heartening feature is that no child was diagnosed as a non-pulmonary case, either in those referred by private doctor, through contact examination or from other hospitals, clinics, etc. During 1964 the miniature mass radiography unit visited the town for a lengthy survey (open sessions to the public, main works, factories, etc.). A survey on this scale has been carried out on alternate years in the past and it is significant that for the first time the number of new diagnosed cases of pulmonary tuberculosis in adults remained almost stable when compared with 1963, when the unit visited Grimsby for a shorter period.

The B.C.G. vaccination campaign has now been in existence for a number of years and on the whole has been directed mainly to those under the age of 15 years so far as this clinic is concerned. It is felt that the results of this form of immunity are now apparent in the ever lessening number of new cases of the disease in this particular age group. It is worthy of note that our records show no person successfully vaccinated has later developed any form of tuberculosis.

The number of deaths from all forms of tuberculosis was 7 (6 respiratory and 1 non-respiratory), thus the exceptionally low figures in recent years have been maintained. The figure again emphasises the vast changes that have taken place in the successful modern methods of treatment and co-operation in all branches of the hospital service.

Non-tuberculous conditions requiring special investigation referred to the chest clinic and either diagnosed there or through in-patient treatment in the chest hospital during the year were as follows:—

					<i>Adult males</i>	<i>Adult females</i>	<i>Children</i>
Cancer	..	..	..	..	34	3	—
Bronchiectasis	..	..	..	..	4	3	2
Asthma	..	..	..	..	9	15	5
Unresolved Pneumonia	..	..	..	..	10	14	3
Non-tuberculous Effusions	..	..	..	..	6	5	—
Spontaneous Pneumothorax	..	..	..	..	5	2	—
Foreign Bodies	..	..	..	..	—	—	1
Empyema	..	..	..	..	—	1	—

Cystic Disease	..	..	..	1	—	—
Cardiac	..	..	..	16	8	—
Mitral Stenosis	..	..	..	1	2	—
Diaphragmatic Hernia	..	..	..	1	2	—
Sarcoidosis	..	..	..	1	—	—
Hodgkins Disease	..	..	..	—	2	—
Other conditions	..	..	..	6	7	1
Totals	..	..	..	94	64	12

Generally speaking there has been little change in the recorded number of other conditions referred to in the above table.

Number of new cases referred to the Chest Clinic by General Practitioners, Institutions, Clinics, etc. in recent years:—

<i>Year</i>	<i>Men</i>	<i>Women</i>	<i>Children</i>	<i>Total</i>
1960	1,072	1,429	282	2,783
1961	845	1,581	316	2,742
1962	888	1,600	232	2,720
1963	914	1,640	229	2,783
1964	840	1,551	191	2,582

Cancer.—The following are details of new cases diagnosed through the chest service in recent years:—

				<i>Males</i>	<i>Females</i>
1960	..	..	..	45	3
1961	..	..	..	37	8
1962	..	..	..	50	4
1963	..	..	..	34	8
1964	..	..	..	34	3

It is remarkable that the number of new diagnosed cases of this condition has shown a decrease for three successive years. I can think of no obvious reason for this as it is certainly not in keeping with the national trend. The figures of the next few years should prove most interesting.

Preventive Care.—This branch of the work embraces many sections and perhaps one outstanding example is on the institutional side of treatment for tuberculosis. In an endeavour to reduce the possibility of serious blood spread in the very young child, say under four years, with a positive tuberculin test, but who is apparently well and symptomless, I have resorted to institutional anti-tuberculous drug treatment as a preventive measure and will continue to do so.

It is gratifying to find that no child under clinic supervision in this category has had any serious tuberculous condition and no case of tuberculous meningitis has arisen during the year.

The B.C.G. vaccination scheme continues on a very satisfactory basis and contacts of all ages, including those at work, have opportunities for examination, tuberculin testing and radiological examination. The investigation into infant contacts has continued to a marked degree. Experience has shown that there is no contra-indication or lack of effectiveness in carrying out vaccination in small infants. I will welcome the day when this preventive measure can be offered to all children and become a routine vaccination at birth, instead of at 13 years of age.

The number of successful B.C.G. vaccinations was as follows :—

	<i>Men</i>	<i>Women</i>	<i>Children</i>	<i>Total</i>
Contacts	10	11	232	253
On behalf of local authority ..	5	10	18	33
Hospital in-patients	—	—	5	5
Hospital staffs	5	13	—	18
Totals	20	34	255	309

The number of contacts seen through the clinic reflects the vigilance of health visitors in bringing them along for investigation. The majority of contacts diagnosed as having tuberculosis (one man and seven children) would have escaped detection for a long while but for the facilities available for this form of testing. The ascertainment of such cases is particularly important as they are often found to have a minor degree of disease which is sometimes treatable without hospitalisation or even, in certain cases, without disturbance of the person's day to day life.

B.C.G. vaccination is given at birth in two maternity hospitals in the area of the Hospital Management Committee and in a private nursing home where there is a maternity wing. The babies are later seen at the chest clinic to ascertain that vaccination has been successful.

Another important point in preventive care work is good and adequate housing accommodation for the patient and family. In this respect there is complete co-operation between the local authority and the chest clinic for necessitous cases, mostly of the infectious type, to receive alternative accommodation, whilst those living in overcrowded conditions or where a separate bedroom cannot be set aside for the case are also assisted. As ever, the Housing Committee has been very helpful indeed.

An evening session is held for cases in need of physiotherapy, breathing exercises and postural drainage. Sessions are also held periodically by Mr. R. C. Barclay, F.R.C.S., part of which are devoted to the assessment of bronchiectatic cases suitable for surgery, as well as the follow-up of his operative cases. This arrangement has been found to be very helpful in the assessment of difficult patients.

Employment Conditions.—Facilities for the sheltered employment of tuberculosis cases in this area do not exist. The present method of treatment of these cases enables a high percentage to return to their previous occupation and the need for sheltered employment is not particularly acute. In certain instances where it is not advisable for the patient to return to a former occupation, the co-operation of the Ministry of Labour is sought whereby the case can be assessed and, if considered suitable, trained under the Industrial Rehabilitation Scheme of that department.

Follow-up of Cases.—As the one full-time and one part-time Tuberculosis Health Visitors also carry out duties as clinic nurses and radiographers there is a complete follow-up of patients. This is a satisfactory arrangement as any case showing retrogression, under chemotherapy, etc., is immediately re-visited at home. In this way the nurses are fully aware of what is happening and this tends to a more intimate touch between patient and the clinic staff.

VENEREAL DISEASES

The Special Treatment Centre at 38 Queen Street, Grimsby, is under the administrative control of the Grimsby Hospital Management Committee, and the times at which sessions are held with the venereologist in attendance are:—

Males:—Mondays, 10 a.m. and 4.30 p.m.; Wednesdays, 2 p.m.

Females:—Mondays, 2 p.m.; Thursdays, 10 a.m. and 4.30 p.m.

The Centre is open for intermediate attendance from Monday to Friday from 10 a.m. to 12 noon and 2 to 7 p.m., also on Saturday from 10 a.m. to 12.30 p.m.

During the year 202 Grimsby residents attended this centre for the first time, the classification of these cases being:—

<i>Condition</i>	<i>Males</i>	<i>Females</i>	<i>Total</i>
Syphilis	5 (19)	3 (12)	8 (31)
Gonorrhoea	31 (24)	12 (3)	43 (27)
Other Conditions.. .. .	124 (123)	27 (27)	151 (150)
Totals ..	160 (166)	42 (42)	202 (208)

(Note.—The brackets show the figures for 1963.)

PART III. LOCAL HEALTH SERVICES.

CARE OF MOTHERS AND YOUNG CHILDREN.

Infant Welfare Centres.—Eight infant welfare sessions are held at six centres, as follows:—

Hope Street Welfare Clinic	Tuesday and Thursday, 2 p.m.
Watkin Street Welfare Clinic	Tuesday and Thursday, 2 p.m.
St. Alban's Church Hall, Longfield Road	Tuesday, 2 p.m.
Milton Road Welfare Clinic	Wednesday, 2 p.m.
Louth Road Methodist Church Hall	Friday, 2 p.m.
Old Clec Church Hall	Friday, 2 p.m.

At the time of writing the clinic held at St. Alban's has been transferred to St. Michael's Church Hall, Littlecoates Road, as it was found that the facilities at the former premises were becoming in many ways unsuitable. The new clinic is geographically more central to the area served.

The total number of attendances both in children under 1 year and those between the age of 1 and 5 was 17,761, an increase of 824 on 1963. There were 16,116 attendances of those under 1 year, 655 more than last year. In the 1 to 5 group, there were 3,079 attendances, 6 more than the previous year. Children in this group usually attend Toddlers' Clinics.

Baby scales for test feeding and weighing are available to all mothers. Thirty-two cases with breast feeding problems were investigated and twelve continued to breast feed for 6 months, four for 3 months and the remainder for one month or less.

The immunisation and vaccination programme continued at all clinics.

Toddlers' Clinics.—Transfer from infant welfare to toddlers' clinics takes place at 15 to 18 months old. The child attends the toddlers' clinic by a special appointment system at 18 and 21 months, 2, 2½, 3, 3½, 4 and 4½ years. Thus, a child is under surveillance from birth until cared for under the School Health Services. There were 1,434 attendances at these clinics held twice weekly at Hope Street, and weekly at Milton Road and Watkin Street. At the time of writing, a further toddlers' clinic is held weekly at Watkin Street, and on alternate weeks at Milton Road.

Distribution of Welfare Foods and Nutritives.—Sales from the central office in Victoria Street and infant welfare clinics were as follows:—

	1963	1964
National Dried Milk, tins	48,817	43,668
Orange juice, bottles	18,148	18,474
Cod Liver oil, bottles	1,773	1,554
A & D vitamin tablets, packets	2,393	2,311

Mothercraft.—Attendances at mothercraft classes totalled 2,207, and there were 322 new cases. Classes are held at Hope Street on Mondays at 2.30 p.m., Watkin Street on Wednesdays at 2.30 p.m. and a joint class for mothers attending the Milton Road clinic and the Grimsby Maternity Hospital is held at the out-patient department of the Hospital on Wednesdays at 2.30 p.m.

There were 950 attendances at the Parents' Club at Watkin Street. A varied programme was completed, activities at the club being fifty per cent. educational.

Ante-natal clinics.—Mothers attending ante-natal clinics totalled 727, 480 making 600 attendances to see the clinic medical officer. Most of the visits to the latter have been for blood testing at the request of the patient's family doctor. Very few patients attend for the full ante-natal care.

Only 5 patients did not book a general practitioner obstetrician for confinement during the year.

Post natal clinics.—Five patients attended, and were seen at the end of ante-natal sessions.

Notification of Births.—There were 2,053 live births and 53 stillbirths notified, compared with 1,980 and 44 respectively last year.

Infant Mortality.—There was a decrease in the infant mortality rate from 19.1 to 15.3 per thousand live births. This is the lowest rate ever recorded in Grimsby. Nineteen of the 30 deaths notified were neo-natal. Eleven cases were over the age of one month at the time of death, the causes being:—

Respiratory diseases	6	Congenital malformations ..	3
Enteritis and diarrhoea	2		

The neo-natal mortality rate was 9.7 per thousand live births, compared with 11.3 in 1963. The 19 neo-natal deaths were due to:—

Prematurity	7	Injury at birth	2
Asphyxia and atelectasis ..	5	Inflammatory diseases of	
Congenital malformations ..	3	central nervous system ..	1
Erythroedema Polyneuritica ..	1		

Prematurity.—The number of premature live births notified was 132, 11 less than the previous year. One hundred and ten of these were born in hospital, and 22 in their own home, and 89.4 per cent survived 28 days. The percentage of those surviving 28 days was (a) born in hospital—89.0; (b) born at home—93.7; and (c) born at home and nursed in hospital—83.3.

Weight at birth	Premature live births											
	Born in hospital				Born at home or in a nursing home							
					Nursed entirely at home or in a nursing home				Transferred to hospital on or before 28th day			
					Died				Died			
	Total Births	within 24 hours of birth	in 1 and under 7 days	in 7 days and under 28 days	Total births	within 24 hours of birth	in 1 and under 7 days	in 7 days and under 28 days	Total births	within 24 hours of birth	in 1 and under 7 days	in 7 days and under 28 days
1. 2lb. 3oz. or less	1	1	—	—	—	—	—	—	—	—	—	—
2. Over 2lb. 3oz. up to and including 3lb. 4oz. ...	5	1	—	1	—	—	—	—	—	—	—	—
3. Over 3lb. 4oz. up to and including 4lb. 6oz. ...	32	5	2	—	2	—	—	—	2	—	—	—
4. Over 4lb. 6oz. up to and including 4lb. 15oz. ...	25	1	1	—	2	1	—	—	2	—	—	1
5. Over 4lb. 15oz. up to and including 5lb. 8oz. ...	47	—	—	—	12	—	—	—	2	—	—	—
6. Totals ...	110	8	3	1	16	1	—	—	6	—	—	1

Stillbirths.—Enquiries made into the 53 cases of stillbirths notified (21 of these being outward transfers) showed that 5 cases occurred at home, the remainder in hospital. Cases associated with prematurity totalled 29, and 30 were macerated.

Contributory causes were:—

Rhesus incompatibility ..	12	Prematurity	3
Pre-eclamptic toxæmia ..	10	Placental insufficiency ..	2
Congenital defects ..	9	Abnormal presentation ..	1
Ante-partum hæmorrhage ..	8	Toxaemia	1
Abnormality of cord ..	5	Unknown	2

The following tables indicate the period of gestation and weight of foetus:—

<i>Period of gestation</i>				<i>Weight of foetus</i>			
30 weeks	2			Under 3 lbs.	3		
32 „	3			3 lbs. and under 4 lbs. ..	8		
33 „	2			4 lbs. and under 5 lbs. ..	12		
34 „	4			5 lbs. and under 6 lbs. ..	13		
35 „	5			6 lbs. and under 7 lbs. ..	7		
36 „	8			7 lbs. and under 8 lbs. ..	6		
37 „	5			8 lbs. and under 9 lbs. ..	3		
38 „	3			10 lbs. and under 11 lbs. ..	1		
39 „	5						
40 „	10						
41 „	2						
42 „	3						
43 „	1						

Maternal Mortality.—There was one maternal death in the year under review.

The “At Risk” Groups.—In 1963 children in the “At Risk” groups were registered at the office of the Maternal and Child Welfare service. These are children who are at risk because of a poor family history, or because the mother had some complication likely to affect the child during pregnancy. Others are included because their start in life is handicapped in some way, e.g., prematurity or congenital defect. Children so registered receive more selective visiting and are kept under close surveillance at clinics and in their homes.

Children “At Risk” are notified by midwives, health visitors and doctors, and for this purpose the classifications of “At Risk” groups are printed on the birth notification form.

In the two years, 1,221 children have been registered, 555 being in the year under review.

Notification of Congenital Malformations apparent at birth.—In response to the request by the Chief Medical Officer of the Ministry of Health, congenital malformations occurring in children within the Borough and apparent at birth have been notified to the Medical Officer of Health by midwives and doctors. For this purpose the classification of congenital defects is also printed on the birth notification form. The returns are forwarded monthly to the Registrar General’s Office.

There were 26 notifications during the year and no difficulty was experienced in acquiring the necessary information.

Limbs	8*	Central nervous system ..	5
Alimentary system	6	Uro-genital system	4
Heart and great vessels ..	3		

*Includes one with other skeletal abnormalities in addition to those of limbs.

Care of Unmarried Mothers.—The Local Health Authority accepted financial responsibility for the care of ten mothers during the year.

Ophthalmic treatment.—Nineteen cases were referred from maternal and child welfare centres and received treatment.

Ophthalmia and Pemphigus Neonatorum.—No case was notified.

Orthopaedic.—The number of cases referred from maternal and child welfare centres for orthopaedic treatment was 46 compared with 24 the previous year.

Nurseries and Child-Minders Regulations Act, 1948.—At the end of the year 4 persons and 2 premises were registered under this Act to care for 40 children.

Children in Care.—Fifty-two children were medically examined at the request of the Children's Officer prior to being placed with foster parents, 28 more than in 1963.

Children for Adoption.—The Lincoln Diocesan Board for Social Work referred 21 babies to clinics for medical examination before adoption.

Cancer and Leukaemia Survey.—The survey of deaths in children from cancer was continued throughout the year. This was a nation wide survey conducted by the Department of Social Medicine, Oxford University, in association with the Medical Research Council.

The survey covered the investigation of the case and family histories of children who died from cancer and leukaemia, and that of healthy children of the same age and sex and who lived under similar social circumstances.

DENTAL TREATMENT

Numbers provided with dental care:—

	Examined	Treatment commenced	Treatment completed
Expectant and Nursing Mothers	138	123	81
Children under five	359	236	222

Forms of dental treatment provided:—

	Scalings and Gum treatment	Fillings	Silver Nitrate treatment	Crowns or Inlays	Extractions	General Anaesthetics	Dentures provided		Radio-graphs
							Full upper or lower	Partial upper or lower	
Expectant and nursing mothers	55	168	—	1	233	52	33	26	12
Children under five	—	66	30	—	384	176	—	—	1

MIDWIFERY

A total of 523 confinements were attended by municipal midwives during the year and in only 5 was no general practitioner obstetrician booked. Five hundred and eighteen mothers booked a general practitioner obstetrician, but in only 95 confinements was a doctor actually present at the time of delivery. Seventy-three additional cases were booked but for various reasons were taken into the Grimsby Maternity Hospital for delivery, and 43 of these were discharged on the 2nd and 3rd day to the midwives for home nursing.

2,416 visits were paid to 1,243 cases discharged from hospital, as compared with 2,296 and 863 respectively in 1963.

There were 12 full-time and one part-time midwives. Three attended refresher courses during the year, while three pupils completed Part II training on the district.

Trilene apparatus is used by all midwives. Analgesia was given to the majority of cases, although in 70 no inhalation analgesia was given for the following reasons:—

Refused by patient	..	33	Medical grounds	..	..	6
Not sufficient time	..	13	Not necessary	..	..	3
Baby born before arrival		12	No medical certificate	..	..	3

Pethilorfan only	was administered to	33 cases
Trilene	" " "	211 "
Trilene and Pethilorfan	" " "	242 "

The use of gas and air analgesia was discontinued during the year.

Co-operation with general practitioners remains excellent.

Medical aid was called in by midwives to 94 cases, as follows :—

	<i>Maternity cases</i>	<i>Hospital Discharges</i>
During the ante-natal period	17	—
In labour	23	—
During the puerperium	10	11
To attend to the baby	17	16
Totals ..	<u>67</u>	<u>27</u>

HEALTH VISITING

Two health visitor trainees qualified and joined the staff in July. One health visitor left after a temporary appointment of six months, and a further resignation was received in October for domestic reasons. This left a net increase of one health visitor, making a total of twelve full-time staff.

The number of visits to children under 5 totalled 27,142, while, in addition, 6,174 ineffective visits were made. The corresponding figures for last year were 23,806 and 4,582 respectively.

One health visitor attends a general practitioner's surgery one morning per week and makes domiciliary visits as and when required. She also acts as liaison officer for the other health visitors, who visit patients on the general practitioner's list residing outside her particular area.

Towards the end of the year further enquiries from general practitioners were made as to improving co-operation with the health visiting staff. As a result there is now more frequent contact by telephone and many follow-up visits are made at the request of the general practitioner. Here again, the elderly form the largest group.

A health visitor also continues to attend the Paediatric Clinic and pays weekly visits to the Children's Ward at the Scartho Road Hospital. This attendance facilitates the exchange of information between home and hospital.

Two student nurses from the Grimsby School of Nursing spend two days weekly accompanying a health visitor in her daily work. The nurse is shown as much as possible in the time available of the work undertaken by the health visitor, and introduced to the idea of the hospital and local authority services working together to the benefit of the patient.

Problem families.—Problem families in the borough have remained under close surveillance. Their progress is reviewed regularly at the Case Workers and Co-ordinating Committees. Consequently over the year, there has been an overall improvement in the circumstances of most families, some having been rehoused. All have had intensive supervision by a newly appointed case worker in the Children's Department. One of the characteristics of a problem family is its ability to deteriorate almost over-night to its previous inadequate circumstances, in spite of supervision. This must be anticipated and renewed efforts made to recover any ground lost in the rehabilitation of such a family.

HOME NURSING

The establishment of this Service was amended by the engagement of a State Registered Nurse to replace an Enrolled Assistant Nurse, the latter retiring on the grounds of ill-health, and at the end of the year was:—

Whole-time

- 1 Superintendent (S.R.N., S.C.M., H.V., Q.N.)
- 1 Senior Nurse (S.R.N.)
- 2 Queen's Nurses (including one male)
- 1 District Trained Male Nurse
- 10 State Registered Nurses
- 2 Enrolled Assistant Nurses

Part-time

- 1 Bathing Attendant

One nurse attended a refresher course arranged by the Queen's Institute of District Nursing. Student nurses from the local hospitals continued to visit with the district nurses, and similar arrangements were also made during the year in respect of student nurses from hospitals outside the County Borough.

There was a slight decrease in the number of patients nursed, five less than last year, and there were 107 fewer visits made. Cases of cancer nursed totalled 105 (87 new patients) representing 17 more than in 1963. The Marie Curie Memorial Fund, which enables some night nursing care for cancer patients, has been much appreciated and there are several people available for this work. It is reported that many of the cases nursed continued to be heavy and required considerable attention, and also that old people living alone still presented many problems.

Incontinence Pad Service.—Incontinence pads have been provided in some cases. These have not proved to be perfectly satisfactory but have helped, especially in emergencies, before relatives can organise the washing of sheets, etc. These pads are not easy to dispose of, being very wet. Some can be burnt and in these instances an old dustbin, with the aid of a little paraffin, has been used. The Cleansing Department has promised to collect soiled pads if placed in a suitable container, but there is little doubt that their use has been curtailed by the difficulty of disposal.

The following shows the work done :—

Cases being nursed on 1st January	308
New cases nursed during the year:—	
Adults	812
Children 5 to 15 years of age	7
Children under 5 years of age	10
	<hr/> 829
Total ..	<hr/> 1,137

The figures given below show the total cases and number of visits for the past five years:—

<i>Year</i>	<i>New Cases</i>	<i>Total Cases</i>	<i>Visits</i>
1960	851	1,053	35,620
1961	811	1,067	39,263
1962	771	1,034	41,918
1963	833	1,142	44,261
1964	829	1,137	44,154

Summary of New cases nursed

ADULTS

Notifiable diseases :—

Tuberculosis ..	..	..	..	..	..	21
Pneumonia ..	..	..	..	..	..	—
Others ..	..	..	..	..	..	2

Maternal :—

Post-Natal pyrexia	..	..	..	..	..	3
Miscarriage	..	..	..	..	..	—
Others	..	..	..	..	..	3

Surgical :—

Acute	..	..	..	..	..	..	40
Chronic		..	..	..	..	..	66

Medical :—

Diabetes	..	..	..	..	..	10
Broncho-pneumonia	..	..	..	..	..	11
Bronchitis	..	..	..	..	..	21
Other chest conditions		..	..	..	..	3
Rheumatic conditions		..	..	..	..	16
Cerebral haemorrhage	— under 60	..	..	..	..	9
”	” — over 60	..	..	..	..	77
Cancer	..	..	..	..	..	87
Ear, nose and throat	..	..	..	..	..	3
Gynaecological	..	..	..	..	..	9

Cardiac disease	..	..	..	..	..	94
Disseminated sclerosis	..	..	..	..	..	4
Senility	..	..	..	..	..	126
Enemata	..	..	..	..	..	96
Others	..	..	..	..	..	111

CHILDREN 5 to 15 YEARS OF AGE

Medical	6
Surgical	1

CHILDREN UNDER 5 YEARS OF AGE

Medical	6
Surgical	4

Total	829
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Injections.—The nursing staff gave injections to patients in their homes, as follows :—

Diabetics (insulin)	..	..	..	..	..	8
Antibiotics	..	..	..	..	..	42
Diuretics	..	..	..	..	..	38
Liver preparations	..	..	..	..	..	38
Cortisone	..	..	..	..	..	3
Other special injections	..	..	..	..	..	44

Out of the above total of 173 patients receiving injections during the year, 19 also required general nursing care.

VACCINATION AND IMMUNISATION

General.—Two circulars were received from the Ministry of Health this year in regard to the immunisation programme.

(1) Circular No. 11/64 was issued in July on smallpox vaccination and confirmed the previous recommendation contained in Circular 27/62 that smallpox vaccination should preferably be given to children aged 1 year, but also urged re-vaccination during school life.

(2) Circular No. 20/64 issued in November recommended that only records for vaccinations and immunisations should be kept of children up to the age of 16 years. The agreed fee of 5s. 0d. paid to general medical practitioners for all completed records should continue provided these are for children up to the age of 16 years and are returned to the Local Health Authority within three months. Statistical returns were modified to show the type of vaccine being used and incorporated figures for tetanus immunisation.

Diphtheria immunisation.—A total of 1,710 children received the complete course of inoculations compared with 1,735 the previous year, and the following shows the immunisation state for the past five years.

<i>Year</i>				<i>Under 5 years</i>	<i>5—15 years</i>	<i>Total</i>
1960				1,331	339	1,670
1961				1,637	444	2,081
1962				1,302	190	1,492
1963				1,426	309	1,735
1964				1,517	193	1,710

Re-inforcing injections were given to 1,949 children as compared with 2,135 the previous year.

Whooping cough immunisation.—Children were mainly immunised with Triple Antigen and the figures for the past five years are as follows :—

		1960	1961	1962	1963	1964
By General Practitioners ..		748	828	635	601	725
By Health Department ..		605	858	685	991	803
Totals ..		1,353	1,686	1,320	1,592	1,528

Smallpox vaccination.—The total number of primary vaccinations was 746 as compared with 478 the previous year. It is now becoming accepted that the age for smallpox vaccination is one year old because 387 children were in this age group.

The details of the number of vaccinations over the past five years are as follows :—

<i>Year</i>	PRIMARY VACCINATIONS			AGE PERIODS		RE-VAC-	
	<i>Under 1</i>	<i>1—4</i>	<i>5—15</i>	<i>Adults</i>	<i>Total</i>	<i>CINATIONS</i>	<i>All ages</i>
1960	480	144	31	66	721		111
1961	634	262	37	92	1,025		144
1962	504	840	524	834	2,702		2,224
1963	171	157	43	107	478		209
1964	69	534	46	97	746		230

Poliomyelitis vaccination.—ORAL immunisation against poliomyelitis continues to be very popular with mothers taking their babies to the infant welfare centres. From the numbers carried out this year it will be seen from the following table that this immunisation is well maintained and gives a similar total to that for diphtheria immunisation.

POLIOMYELITIS VACCINATION

<i>Age at date of completed primary course</i>	1956	1957	1958	1959	1960	1961	1962	1963	1964	Total
Under 1 year	—	—	85	133	114	140	102	148	176	Under 5 years. 5,362
1—2 years	—	—	834	925	762	976	1,057	826	884	
2—3 years	16	6	859	421	195	355	300	192	260	
3—4 years	56	73	863	375	59	176	159	50	85	
4—5 years	44	107	735	310	55	134	142	22	52	
5—6 years	84	122	673	309	55	104	150	18	24	5-15 years. 16,932
6—7 years	74	244	630	283	48	84	262	17	11	
7—8 years	84	650	502	312	48	75	269	7	6	
8—9 years	91	703	297	267	48	51	275	7	3	
9—10 years	94	796	256	235	35	79	310	3	2	
10—11 years	—	764	284	244	30	72	290	2	3	
11—12 years	—	—	305	228	37	53	304	6	1	
12—13 years	—	—	1,207	296	27	41	134	2	2	
13—14 years	—	—	973	227	12	36	85	3	—	
14—15 years	—	—	1,045	96	20	48	60	3	2	
15—16 years	—	—	857	172	13	56	47	1	1	
Adults	—	—	1,072	7,649	2,527	2,716	1,678	245	218	Adults 23,860
Totals	543	3,465	11,477	12,482	4,085	5,196	5,624	1,552	1,730	46,154
No. of persons given third doses	—	—	3,134	14,016	8,099	4,009	4,044	159	80	33,541
No. of children given fourth doses	—	—	—	—	—	5,381	2,970	1,016	569	9,936

AMBULANCE SERVICE

The returns for this service show fewer patients carried than in the previous year, but the mileage covered by the vehicles has increased. The rise in mileage for less patients carried can be attributed to the changing pattern in the type of treatment available. Each year more and more patients are being conveyed to distant hospitals and clinics; indeed, over the past few years the number of patients transported beyond the borough boundary has almost doubled, and in like manner the number of journeys undertaken. As more hospitals are brought into use and others modernised a quicker turn round in beds is intended, and as a result a further acceleration in the movement of patients is to be expected. A considerable number of these patients is likely to be recumbent and to meet the situation an extension of the service, both in staff and vehicles, will be necessary. Already calls being made upon the service have reached such proportions that the work entailed cannot be performed without overtime. Crews employed on out-of-town journeys are lost to the service for many hours of the day and the staff remaining are left to cope with abnormal loads, off duty staff having to be called in to assist. The point has now been reached when some addition to the staff is inevitable.

A satisfying feature of the past year has been the remarkable degree of co-operation achieved with the Lindsey County Council. Patients travelling over distances are being grouped together and carried in vehicles of either authority. This method leaves no chance of a journey being duplicated, involving a waste in mileage and manpower, as so often has occurred in the past. Local patients are being conveyed to their homes by the neighbouring

authority vehicles whenever passing that way or returning to their base. A similar arrangement exists whereby patients living near the borough boundary are conveyed to their homes by any Grimsby vehicles travelling in that vicinity.

Not enough care has been taken by those responsible when ordering ambulance transport. There have been many occasions when this form of transport should never have been granted. After complaints stricter supervision was obtained from the hospital staff. Unfortunately, frequent staff changes is the main reason.

During the year 27,981 calls were received, 126 of these originated outside the borough and were transmitted to the appropriate authority. 34,150 patients were transported and 171,995 miles covered by the vehicles. Rail transport accounted for 104 journeys, five less than last year. Of the number of patients carried 3,232 were accident or other type of emergency cases.

It is gratifying to note that the service is still making use of the railways, particularly as accommodation for patients is usually limited to the main line. Many more could be transported by this form of transport if only provision could be made for stretcher cases in the diesel coach.

One new ambulance has been received during the year and replaces a vehicle of similar type.

Statistical tables are given below, the figures in brackets correspond with the previous year :—

CALLS			JOURNEYS IN DISTANCES		
Accidents ..	1,472	(1,369)	Under 50 miles	6,643	(6,787)
Other emergency	1,333	(1,390)	Under 100 miles	302	(305)
Removals ..	24,647	(26,031)	Over 100 miles	305	(283)
Miscellaneous ..	529	(566)			
Total	27,981	(29,356)			

OPERATIONAL					
<i>Type of Case</i>	<i>Patients</i>		<i>Journeys</i>		
Accident ..	1,713	(1,608)	1,472	(1,369)	
Other emergency..	1,519	(1,629)	1,333	(1,390)	
Removals (Local)	26,575	(29,164)	3,217	(3,411)	
Removals (Other)	2,124	(1,800)	825	(753)	
Miscellaneous ..	2,219	(1,265)	403	(452)	
Totals	34,150	(35,466)	7,250	(7,375)	

ANALYSIS OF ALL JOURNEYS							
<i>Type</i>		<i>Patients</i>		<i>Journeys</i>		<i>Mileage</i>	
EMERGENCY							
Ambulances	..	2,352	(2,417)	1,999	(2,017)	10,697	(10,860)
Sitting Case Vehicles	..	880	(810)	804	(742)	4,467	(3,778)
GENERAL							
Ambulances	..	17,881	(19,449)	2,250	(2,245)	72,888	(75,198)
Sitting Case Vehicles	..	13,037	(12,790)	2,059	(2,245)	82,344	(77,770)

ABORTIVE & SERVICE

Ambulances ..	—	(—)	113	(110)	592	(1,092)
Sitting Case Vehicles ..	—	(—)	96	(97)	1,007	(702)

CIVIL DEFENCE

Ambulances ..	—	(—)	—	(—)	—	(—)
Sitting Case Vehicles ..	—	(—)	—	(24)	—	(538)
	34,150	(35,466)	7,321	(7,480)	171,995	(169,938)

BY RAIL ..	113	(119)	104	(109)	13,199	(15,223)
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VEHICLE STATISTICS

	<i>Miles</i>		<i>Petrol (galls.)</i>		<i>m.p.g.</i>	
Ambulances ..	77,723	(76,060)	6,366	(6,135)	12.21	(12.39)
Dual Purpose Vehicles ..	56,366	(47,936)	2,917	(2,590)	19.32	(18.51)
Sitting Case Cars	37,906	(45,942)	1,275	(1,669½)	29.73	(27.25)

AVERAGES

Mileage per patient	5.03	(4.73)
Mileage per journey	23.49	(22.72)

PREVENTION OF ILLNESS, CARE AND AFTER-CARE

During the year the social worker saw 173 new patients and continued casework for 74 persons already being assisted. There were 98 office interviews and visits to the homes of patients and their families totalled 1,325. The number of cases helped and the home visits again show an increase on the previous year.

That this service is becoming more widely known is shown by the fact that this year there have been many more instances of patients or members of their families coming directly to the social worker for help. The bulk of referrals, however, again come from the general medical practitioners and it is interesting to note that there has been a greater demand in requests for financial and supportive help than previously, in addition to the more general request for convalescence for patients recovering from an illness.

Help and advice has been given with personal and family problems. Many cases required some financial assistance to tide them over a difficult period, but an increasing number of persons seemed to need moral support and a regular visit from the social worker during a period of sickness or anxiety has helped several to overcome an adverse situation.

During the year the social worker gave talks on her work to two organisations in the town.

Central Care Council.—The General Care Committee of the Council assisted 61 new cases and gave increased help to many persons already on the books.

Fuel appeared to be the biggest problem, especially where the elderly and chronic sick, and sick persons who have had a long spell off work, were concerned. Thirteen cases were helped with extra coal, whilst a further nine patients had gas or electricity accounts paid for them.

Fares to attend out-patient clinics or to visit relatives in hospital outside the town dropped to four cases, due mainly to the use of other sources of aid. Various nursing aids were purchased during the year and are out on loan to patients. Miscellaneous items included a loan to secure the tenancy of a house, which has been fully repaid.

Grants from other Associations covered payment of rates and of winter fuel allowances for patients with bronchitis and heart conditions. The National Society for Cancer Relief have, as always, been most generous in answer to appeals for help and have given extra nourishment allowances in 10 new cases as well as continuing grants in a further six. They sent a Christmas gift to each of their cases and in addition have helped, where necessary, with the provision of bedding and fuel.

It is interesting to record that the old Grimsby Tuberculosis Care Committee, which has been in existence for almost 40 years, has changed its name in order to cope with the greater variety of cases now dealt with at the Chest Clinic. In future this Committee is to be known as the Grimsby Tuberculosis and Chest Care Committee.

B.C.G. Vaccination.—The School Health Service section (Part IX) of this report gives detailed information on the year's work in this field. The following shows the number of persons vaccinated during the past five years:—

YEAR		CONTACT SCHEME	SCHOOL CHILDREN SCHEME
1960	.. ..	374	2,204
1961	.. ..	298	926
1962	.. ..	327	1,091
1963	.. ..	248	1,062
1964	.. ..	253	1,015

Yellow Fever Vaccination.—The number of persons vaccinated and issued with an international certificate at The Clinic, 34 Dudley Street, was 139, compared with 169 last year.

Chiropody Service.—This service is administered by the Welfare Services Committee of the Corporation and I am indebted to the Director of Welfare Services for the following information:—

The number of treatments given during the year totalled 4,450, 3,648 at clinics and 802 by home visits. Patients dealt with numbered 1,155, and the hours worked by the chiropodists averaged 68 per week. There is a period of approximately seven weeks between appointments.

These figures show a considerable increase over those for 1963, and it is also interesting to note that in the latter part of the year the Corporation appointed a full-time chiropodist for this service.

HEALTH EDUCATION

Full use has again been made of the publicity material of the Central Council for Health Education and of the Royal Society for the Prevention of Accidents, the local health authority subscribing to both bodies, and Better Health journals were distributed monthly through the usual channels.

A total of 13 lectures and talks were given to local organisations on various aspects of Public Health and Health Education, 6 by the Medical Officer of Health, 1 by the Deputy Medical Officer of Health, 4 by the health visitors, and 2 by the Social Worker. Attendances at these meetings totalled 359.

Schools.—A pre-nursing course for fifth year students at a secondary girls' school was given on one half-day per week during the first seven months of the year, when the following subjects were covered:— anatomy and physiology, mothercraft, first aid, home nursing, hygiene and infectious diseases. Seven of the girls who took the course are now cadet nurses.

The first year girls at this school were given a talk on personal hygiene, followed by a film; the fourth year 'C' stream girls were given a course on elementary anatomy and physiology, as well as personal hygiene; while the fourth and fifth year girls visited an infant welfare centre.

At two further secondary girls' schools a varied programme of personal hygiene, and mothercraft talks were undertaken, the pupils taking part in practical demonstrations. Films were also shown and a visit to an infant welfare centre arranged.

Parents' Club.—This club has once again had a successful season with good attendances throughout. A lively and energetic committee provided a varied and interesting programme and all the mothers were encouraged to take part in the activities. The health visitor has acted in an advisory capacity and has contributed by showing films and giving talks on topical health and educational subjects. Loyalty and good relationships are two striking features of the club.

Mothercraft and Relaxation.—Two health visitors have attended a course of instruction on psycho-prophylactic method of preparation for child-birth. Classes were commenced at the Watkin Street Clinic on the 8th July and from the beginning have been a success. Expectant mothers have appreciated the concise and co-ordinated method of training—its realistic approach makes them feel they are getting to grips with the problem.

The exercises are not difficult—it is the daily repetition until the response is automatic which gives the best result. The most marked results are from those who have a history of difficult labours. The full course lasts for eight weeks, but those mothers due in 10 to 21 days and who have heard of this method from friends, have asked for instruction and help. In order to do this the health visitor has had to take an extra class. There is also an evening for fathers. Many mothers find the help and support given by husbands who have attended these sessions most valuable, while husbands feel they can appreciate the birth of the child and share in its upbringing from the start—there is no feeling of being shut out.

Venereal Disease.—In some of the secondary girls' schools advice on venereal disease was given in the talks on personal hygiene, but no special project was carried out.

The Port Health Inspectors continued to circulate to shipping information about the location and time of sessions of the Special Treatment Centre, and all the public conveniences display notices giving similar information.

Smoking and Health.—The relationship between smoking and lung cancer was displayed as a monthly project at all the infant welfare centres and mothers were encouraged to observe the 'No Smoking' notices.

This subject was also introduced into the health talks given to secondary girls' schools and to various local organisations during the year.

DOMESTIC HELP

Once again there has been an increasing demand on this Service, the aggregate number of cases attended being 804 as compared with 744 last year. After investigation, 261 of the 458 applications received were provided with help, 543 cases being carried over from 1963.

The number of persons attended weekly has also risen, the average being 522 as against 463 the previous year. There has also been a slight increase in the number of maternity cases, 45 being attended compared with 40 in 1963 as well as an overall increase of 55 in the other categories.

The type of cases referred through the usual sources has varied little, the emphasis particularly being on the aged it is now becoming necessary each year to allocate more hours per case and so employ more staff to meet this need.

The Supplementary Service introduced in 1963 and described in the report for that year, has proved to be extremely useful in certain types of cases. After investigation, five persons were dealt with under this scheme.

The recruitment of home helps during the year has been exceptionally good, 162 being employed as against 146 in 1963.

The following relates to the working of the scheme:—

Administrative staff on 31st December, 1964:—

Organiser	1	}	3
Clerks (full-time)	2		

Home Helps employed at 31st December, 1964:—

Whole-time	14	}	162
Part-time	148		

(Note:— The whole-time equivalent of part-time staff was 46.)

Cases assisted:—

Maternity (including expectant mothers)	45	}	804
Aged 65 or over	676		
Chronic sick and tuberculous	43		
Mentally disordered	Nil		
Others	40		

The following figures show the amount of service given in a representative week, when 582 cases were dealt with:—

- 28 patients received 2 hours but less than 3 hours on any one day.
- 352 patients received 3 hours but less than 4 hours on any one day.
- 112 patients received 4 hours but less than 5 hours on any one day.
- 1 patient received 5 hours on any one day.

(Included in the above are 11 patients where a home help called for approximately 1-hour daily.)

The remaining 86 patients received two or more half days per week, and included in this figure are 12 cases where a home help called for approximately 1-hour daily. Three confinement cases were also dealt with in this particular week.

Payment for Service.—The charges of the 804 cases assisted were distributed in the following way:

	<i>Free of cost</i>	<i>Part cost</i>	<i>Full cost</i>
Maternity	1	17	27
Aged 65 or over	579	82	15
Chronic sick and Tuberculous	27	15	1
Others	19	9	12
Totals	626	123	55

The standard charge remained at 4s. 6d. an hour.

MENTAL HEALTH

Administration.—The Chief Mental Welfare Officer is responsible to the Medical Officer of Health for the services provided under this section and with two senior male and two female mental welfare officers, for arranging the admission of patients to hospital. These officers, with a male trainee and a female part-time officer, carry out the visiting required by all types of patient. Two mental welfare officers are in attendance at each of two follow-up clinics held at the Psychiatric Unit at the Scartho Road Hospital and domiciliary visiting of patients is carried out as requested by the Consultant Psychiatrist. Reports on the progress of each patient are made in writing to this Consultant.

The Women's Club functions one afternoon weekly in a large room especially provided in the office premises, with particular emphasis on domestic interest. This room is also used one evening weekly by the local branch of Alcoholics Anonymous, an office telephone being placed at their disposal. The male trainee welfare officer acts as liaison officer to this Group.

The pilot scheme for an Adult Training Centre, started in a large room in the office building, continues to develop. In addition to a group of older boys from the Junior Centre, several patients discharged from the mental hospital who have been unable to re-establish themselves in industry and one or two other inadequate patients are now in regular attendance. Considerable effort is made to place these men in ordinary employment, with varying degrees of success.

The Supervisor and one assistant at the Junior Training Centre hold the Diploma of the National Association for Mental Health, while another member of the staff is now attending this Course. A further three full-time and one part-time assistants complete the teaching staff of the Centre. The Special Care Unit attached to the Junior Centre is staffed by a qualified nursery nurse, and an older girl from the Centre spends much of her time giving assistance with occasional relief help from the Centre staff. Two Corporation transport vehicles carry the majority of the children to and from the Training Centre each day, and three are also conveyed by the Ambulance Service. A mini-bus conveys the children attending from the rural area of the Lindsey County Council and children for the Special Care Unit are taken by their parents or travel on the bus previously mentioned.

There is no voluntary association for Mental Health in this area, but very active co-operation is maintained with the North Lincolnshire Branch of the Society for Mentally Handicapped Children. This Society runs a boys' club one evening each week and a similar club for younger girls. The mental welfare officers also hold a club each week for higher grade girls, many of whom are in employment.

Patients of all types are escorted to and from hospital as required and reports on home conditions or a patient's progress are provided at the request of the hospital staff. The provision of short stay care for subnormal patients in August each year is now well established, but there is a real need for better provision in this field at other times of the year.

Account of Work Undertaken in the Community.—Under Section 28 of the National Health Service Act, 1946, visits are paid to patients in their own homes as required. The majority of patients are referred by their medical practitioners, but relatives and friends, as well as members of staff from other services, refer particular problems from time to time. Psychiatric treatment is provided without delay when the need arises, the Consultant Psychiatrist being available for domiciliary visits when requested by general medical practitioners.

Close co-operation is maintained with officers of both national and local government social services, and the staff are also particularly grateful to the Women's Voluntary Service for their help with clothing in necessitous cases.

Mental Health Act, 1959.—The Chief Mental Welfare Officer and the two male senior officers are responsible for urgent action at whatever hour this is required and for arranging admission and transport to hospital. In this connection particular tribute is paid to the help invariably given by the police. The mental welfare officers and the trainee share in the escorting of patients to hospital and accompany them to the psychiatric clinic when this is necessary and there are no relatives able to do so. The majority of the patients discharged from hospital attend a follow-up clinic held weekly at the Psychiatric Unit, while the Consultant Psychiatrist advises the mental welfare officers on any special problems arising in the community care of the patient.

The following is the number of patients admitted to St. John's Hospital, Lincoln, during the year:—

						<i>Males</i>	<i>Females</i>	<i>Total</i>
Section 25	..	..	..	..	..	10	13	23
Section 26	..	..	..	..	..	3	2	5
Section 29	..	..	..	..	..	25	24	49
Section 60	..	..	..	..	..	3	—	3
Informal	..	..	..	..	..	10	14	24
						—	—	—
					Totals	51	53	104
						—	—	—

The number of cases dealt with by the mental welfare officers totalled 148, but in 41 instances it was not necessary to take action under the Mental Health Act, 1959.

The following figures relate to cases dealt with under this Act:—

		<i>Males</i>	<i>Females</i>	<i>Total</i>
(a) Mentally ill	(Under 16 years of age) ..	—	—	—
	(Aged 16 years and over) ..	79	193	272
(b) Psychopath	(Under 16 years of age) ..	—	—	—
	(Aged 16 years and over) ..	5	10	15
(c) Subnormal	(Under 16 years of age) ..	—	—	—
	(Aged 16 years and over) ..	110	129	239
(d) Severely	(Under 16 years of age) ..	23	20	43
Subnormal	(Aged 16 years and over) ..	32	31	63
	Totals	249	383	632

The majority of severely subnormal children have been referred by the School Health and Maternal and Child Welfare Services or by the Consultant Paediatrician, and a few others by medical practitioners. The Mental Welfare staff pass on any information they may have regarding the families of school children due for ascertainment under Section 57 of the Education Act, 1944, to the approved medical officers completing the statutory forms. The School Dental Service provided treatment for 27 patients.

Girls' Club.—This Club has met regularly each week, being led by two of the women officers. One of the female members of the North Lincolnshire Branch of the Society for Mentally Handicapped Children attends when possible to assist with the country dancing and particular thanks are recorded for this service. The girls enjoyed their summer outing, which this year consisted of a visit to Nostel Priory and Selby Abbey, all but one of the girls paying their own expenses. A number are in regular employment and so are not able to come each week or are obliged to attend after they leave work. The highlight was, as usual, the Christmas Party, to which all the girls may invite a guest, most of them doing so.

Training Centres.—Fifty-four pupils attend the Centre, 16 of whom are over the age of 16 years. In addition 9 children from the adjoining rural area of the Lindsey County Council are also in attendance. The majority of the older boys are now going to the Adult Centre in Silver Street, but return to the Junior Centre for the mid-day meal, escorted by their instructor. Swimming has now been added to the curriculum, the instructor at the Adult Centre, together with one of the supervisors from the Junior Centre, taking a small group of pupils to the local baths twice a week. Two of the boys are now quite proficient swimmers and need no help. Several new types of articles, such as metal stools and lampstands, are being made and all of these find a ready sale.

Special Care Unit.—There are now 9 children attending this Unit, some for two or three days each week and others for the five full days.

PART IV.—SANITARY CIRCUMSTANCES.

Harold Parkinson, Chief Public Health Inspector reports:—

Staff.—One pupil health inspector completed his training and passed the qualifying examination; two pupils continued their training and a man with the required educational and trade qualifications commenced training for the authorised meat inspector's examination.

Assistance was also given in the training of persons from adjoining districts.

It was not possible to fill certain posts for qualified public health inspectors.

Water Supply.—The piped supplies from the North-East Lincolnshire Water Board continued to be adequate in quantity for the needs of the town.

244 samples of water taken from the outgoing main and house taps were examined for bacteriological content and found to be satisfactory.

The natural fluoride content of the water was 0.1 part per million.

The water supply for the occupants of all the houses within the County Borough was from the public supply. In the older parts of the town, in which there are clearance and redevelopment schemes, the occupants of many houses still took their supplies from stand pipes in back yards. Where such houses were expected to be occupied for a number of years notices were served on owners under the Grimsby Corporation Act requiring the provision of internal water supplies.

Set out below are results of examinations made of drinking water taken from a house tap:—

Chemical Analysis

Physical characters

Suspended matter	..	..	..	..	..	..	..	none
Appearance of a column 2 ft. long	..	..	..	..	..	..	..	clear; colourless
Taste	..	..	..	..	..	..	..	normal
Odour	..	..	..	..	..	..	..	none

Chemical examination

Parts per Million

Total solids dried at 180 deg. C	..	..	..	..	..	..	..	290.0
Chlorides in terms of Chlorine	..	..	..	..	..	..	..	19.0
Equivalent to Sodium Chloride	..	..	..	..	..	..	..	31.3
Nitrites	..	..	..	..	..	..	..	none
Nitrates as Nitrogen	..	..	..	..	..	..	..	1.69
Poisonous metals (Lead etc.)	..	..	..	..	..	..	..	none
Total hardness	..	..	..	..	..	..	..	242.0
Temporary hardness	..	..	..	..	..	..	..	227.5
Permanent hardness	..	..	..	..	..	..	..	14.5
Oxygen absorbed in 4 hours at 80 deg. F	..	..	..	..	..	..	..	0.32
Ammonical Nitrogen	..	..	..	..	..	..	..	0.064
Albuminoid Nitrogen	..	..	..	..	..	..	..	0.048
Free Chlorine	..	..	..	..	..	..	..	none

pH Value 7.7

Bacteriological

B. Coli Test (MacConkey's Bile Salt Lactose Broth).

Probable number of coliform organisms per 100 ml. 0

(Signed) Hugh Childs for John Evans
(A. H. Allen & Partners).

Bacteriological examination

Plate Count: 3 days at 22 deg. C aerobically — 19 cols. per ml.
2 days at 37 deg. C aerobically — 9 cols. per ml.

Coliform Test: Probable number of coliform bacilli — None per 100 ml.

Cl. Welchii: None present in 50 ml. of sample.

(Signed) H. Lawy,
Bacteriologist.

Sewerage and drainage.—The town's sewage was discharged into the Humber estuary after passing through the Corporation's two pumping stations.

Public Cleansing.—At the end of the year the lack of suitable land for controlled tipping became acute and it was necessary to try and find suitable tips outside the boundaries of the County Borough to dispose of the town's refuse, until a decision had been made whether to construct an incinerating plant or composting plant on land owned by the Corporation off Cromwell Road. Discussions with the Ministry had not brought forth a decision as to which type of system should be adopted.

The Cleansing Superintendent (Mr. E. Austin) has supplied the following information :—

House and trade refuse collected amounted to 32,260 tons and apart from 2,176 tons which were salvaged and sold for £19,946, the remainder was disposed of by controlled tipping at Little Coates.

The scheme started in 1950 under Section 75(3) of the Public Health Act, 1936, continued to operate and 1,775 new ashbins were supplied to houses in 1964. A total of 23,307 premises in the borough have been issued with municipal dustbins since the scheme came into operation in 1950.

Sanitary Inspections.

Accumulations.. ..	233	Animals	23
Caravans	28	Complaints received and investigated	2,283
Dirty and verminous houses and persons	83	Drainage	4,565
Drain tests	116	Factories and outworkers	33
Infectious disease enquiries ..	1,453	Lodging houses	21
Miscellaneous matters ..	4,281	Offensive smells	143
Offensive trades	14	Passages and yards	255
Piggeries and stables	47	Rats and mice	68
Rooms disinfected after infectious diseases	5	Smoke observations	111
Noise nuisances	83	Water supply	243

Housing

Houses, defects and nuisances (Public Health Act)	3,262
Houses (Housing Act)	3,019
Overcrowding (Housing Act)	47

Notices

Informal notices served	573
Statutory notices served (458 Public Health Acts, 20 Gimsby Corporation Act, 1 Factories Act, 1 Shops Act.)	480

Work in default was carried out by the Corporation at the cost of the owners in respect of 112 notices.

It was necessary to take court proceedings regarding the remedying of defects at 17 houses. In 10 cases the work was completed before the date of the court hearing. In the remainder of the cases the magistrates made orders requiring the owners to comply with the terms of the notices and fined one owner £6.

Offensive trades.—There has been no increase in the number during recent years and apart from the premises of one fat melter, very few complaints were received from nearby residents.

Fish and offal transport.—Two firms were fined £2 for allowing fishy liquid to be discharged on the public highway and other firms were warned about taking effective measures to prevent nuisances.

Pests and Vermin Control.—D.D.T. insecticides continued to be used to deal effectively with the following infestations:—

66 of cockroaches	(including two Council houses)
10 of bugs	
7 of ants	(including two Council houses)
8 of earwigs	(including five Council houses)
6 of mites	(including three Council houses)
8 of fleas	(including one Council house)
22 of woodworm	(including one Council house)
4 of silver fish	(including two Council houses)

In addition the disinfectors also destroyed wasp nests during the summer.

Warfarin was the main poison used to clear rat and mice infestations and its continued effectiveness indicated that the vermin had not acquired any immunity.

Parts of the public sewerage system were treated and the results indicated the comparative freedom from rat infestation.

By steady control work throughout the year major infestations of premises by rats and mice have been prevented.

Cleansing of Persons.—Fortunately, the Corporation's cleansing station was very rarely used during the year.

Atmospheric Pollution.—The contents of the deposit gauges at Hainton Square and Bradley Woods were examined monthly.

It was necessary to issue warnings when excessive emissions of smoke were made from a very small number of industrial chimneys.

Warning letters continued to be sent about excessive and dense fumes emitted from motor exhaust pipes.

Swimming Baths.—The bacteriological examinations of samples of swimming bath water taken from the Scartho Road and Eleanor Street baths were satisfactory.

Factories Act.—See statistical report (Table 9 on pages 58 and 59).

Places of entertainment.—Only minor defects were noted during routine inspections.

Offices, Shops and Railway Premises Act.—In spite of the national and local press publicity completed registration forms were not received within the specified time for the majority of the premises requiring registration,

consequently inspectors had to visit offices and shops to remind occupiers of the requirement of the Act. At the end of the year 1,199 premises were registered where 8,078 persons were employed.

Plans of new buildings were scrutinised and the applicants informed about the requirements of the Act.

Noise Abatement Act.—Of the dozen complaints (which included 3 petitions) received, five of them concerned noises from processes in business premises situated amongst dwellings. Apart from court proceedings taken against two ice cream vendors (fined £1 and £2), attempts were made to resolve the difficulties by informal action. Unfortunately, at the end of the year satisfactory solutions had not been found for the noise arising from the unloading of fish early in the morning, refrigerated vehicles, woodworking machinery and sheet metal working.

During the summer, householders in the streets used as routes for vehicles conveying peas and empty metal tanks to and from a large food processing factory, complained about noises from the clanging of empty metal tanks which disturbed sleep periodically throughout the night. At the time, suggestions were made to the firm about measures which could be tried to reduce the nuisance. Later, members of the Health Committee had discussions with the firm about the necessity of devising methods before the 1965 "pea" season which would prevent a repetition of the conditions.

PART V—HOUSING.

The Chief Public Health Inspector reports:—

New dwellings built (240 Private enterprise, 343 by the Town Council) 583

Unfit houses

- (a) Public Inquiries were held and the orders confirmed in connection with:—
- | | |
|---|-----------|
| Strand Street No. 2 Clearance Order | 6 houses |
| Wellington Street No. 1 Compulsory Purchase Order | 12 houses |
| Cleethorpe Road No. 2 " " " | 35 houses |
| Railway Street No. 3 " " " | 33 houses |
- (b) Other areas represented and orders confirmed included:—
- | | |
|--|-----------|
| Hilda Street Compulsory Purchase Order No. 1 . . | 16 houses |
| Hope Street " " No. 2 . . | 31 houses |
| Railway Street " " No. 2 . . | 9 houses |
| Garibaldi Street Clearance Order No. 1 | 11 houses |
- (c) Compulsory Purchase Order submitted to the Ministry;
Public Inquiry pending at end of year:—
- | | |
|--|-----------|
| Wellington Terrace Compulsory Purchase Order . . | 33 houses |
|--|-----------|

The submission of proposals for certain compulsory purchase orders had to be postponed because suitable accommodation for re-housing the tenants would not be available as required by Section 42 of the Housing Act, 1957.

Individual houses dealt with under Section 16 included:—

19 Cavendish Street	95 Ravenspurn Street
90 & 327 Convamore Road	28 Sixhills Street
69a Durban Road	46 Stirling Street
Flat Garth Lane	121 Wood Street

Rent Act.—Only 5 applications for Certificates of Disrepair were received and granted. Three Certificates were revoked.

Caravans.—The Council granted permission for one caravan to be occupied as a dwelling which provided the opportunity of caring for an infirm parent. One application was refused because it did not comply with the requirements of the Planning Committee. Itinerant scrap iron dealers parked on vacant Corporation sites without permission for a few nights. The dogs from one set caused trouble in the adjacent hospital grounds. They moved after much discussion and warnings.

Common Lodging Houses.—The Salvation Army's Brighowgate Hostel, with accommodation for 100 men, was visited regularly and always found to be well maintained and managed.

The Council had under consideration a proposal to buy the existing Seaman's Hostel in Riby Square and adapt it for the use as a common lodging house for persons (including vagrants and alcoholics) who require accommodation different from that provided in Brighowgate.

Seamen's Lodging House.—The Queen Mary Hostel in Riby Square, with 28 bedrooms, continued to provide good accommodation for seafarers — mainly fishermen. The Royal National Mission to Deep Sea Fishermen discussed with the Council their plans for the erection of a new hostel and the Council offered a site in Hope Street, which was accepted by the Mission.

PART VI.—INSPECTION & SUPERVISION OF THE FOOD SUPPLY

Mr. Harold Parkinson, Chief Public Health Inspector, is responsible for this section of the work :—

Inspections.

Bakehouses	85	Confectioners shops ..	76
Dairies and milk vendors ..	87	Fish curers	7
Fish shops	42	Food preparers	79
Fried fish shops	168	Greengrocers	58
Grocers	564	Ice cream makers and vendors ..	75
Markets	274	Meat shops and stores ..	410
Restaurants and cafes ..	257	Slaughterhouses	740
Sweet shops	39	Other matters	453

Slaughterhouses.—In the Corporation owned Public Abattoir 6,400 beasts, 14,139 sheep, 394 calves and 22,098 pigs were slaughtered.

In the only private slaughterhouse 3,291 pigs were killed.

Meat Inspections.—Statistics about carcasses and offals inspected and condemned are set out below:—

	Cattle excluding cows	Cows	Calves	Sheep and lambs	Pigs	Horses
Number killed	6,127	273	394	14,139	22,098	—
Number inspected	6,127	273	394	14,139	22,098	—
<i>All diseases except Tuberculosis and Cysticerci.</i> Whole carcasses condemned	9	10	4	17	26	—
Carcasses of which some part or organ was condemned	1,906	132	7	2,261	8,421	—
Percentage of the number in- spected affected with dis- ease other than tuber- culosis and cysticerci ...	31.26	52.02	2.79	16.11	38.23	—
<i>Tuberculosis only</i> Whole carcasses condemned	—	—	—	—	—	—
Carcasses of which some part or organ was con- demned.	—	1	—	745	—	—
Percentage of the number inspected affected with tuberculosis	—	0.37	—	5.27	—	—
<i>Cysticercosis</i> Carcasses of which some part or organ was condemned	22	—	—	7	—	—
Carcasses submitted to treat- ment by refrigeration	22	—	—	—	—	—
Generalised and totally condemned	—	—	—	—	—	—

Cysticercus bovis.—29 infestations were found and after freezing treatment for the prescribed period the meat was passed for human food.

Diseases and unsound conditions found in slaughterhouses included:—abscesses, actinomycosis, arthritis, bruising, cirrhosis, *C. bovis* and *C. ovis*, congestion, contamination, echinococcus cysts, emaciation, emphysema, enteritis, erysipelas, fascioliasis, haematoma, hepatitis, hydronephrosis, infarcts, injuries, Johnes disease, lymphosarcoma, mastitis, metritis, melanosis, necrosis, nephritis, oedema, parasites, pericarditis, peritonitis, pentastones, pleurisy, pneumonia, pyaemia, septicaemia, tuberculosis, telangiectasis.

Weight of meat condemned — 38 tons, 6 cwts, 3 qrs.

Inspection of other foods resulted in the condemnation of:—

Condemnations						tons	cwts.	qrs.	lbs.
Bacon and sausages	..	..	..	..	..	—	—	1	11
4,401 tins, 1,285 packets and 110 bottles of various foods	..	..	..	..	..	2	13	2	18
Fruit	..	..	..	..	..	—	4	3	8
Other foods	..	..	..	..	..	—	2	—	—
						3	0	3	9

Disposal of unsound meat and other foods.—Diseased meat in the Public Abattoir and the private slaughterhouse was dyed green before transit to an approved processing plant at Killingholme.

Livers affected with distomatosis were kept separate after condemnation, most of them sold for pharmaceutical purposes to an approved processor — a few were sold to a mink farmer after the livers had been discoloured with green dye.

Unsound tinned and other foods were buried in the Corporation tips as no incinerator was available.

Horse flesh for human consumption was not sold or dressed in Grimsby.

Fish Inspection and Export Certificates.—Following inspections at curing houses, factories and cold stores certificates to meet import regulations of the countries concerned were issued as follows:—

4,080 bales of dried salted fish (from Grimsby's remaining factory carrying on this trade) consigned to Rio-de-Janeiro, Perth, Corfu, Curacao, Miami.

1,413 cases of frozen fish consigned to Manila, Jordan, Spain and Bahrain.

548 cases of fish products to Jordan, Spain and Bahrain.

521 cases of other foods to Jordan, Spain and Bahrain.

Milk Supply.—Most of the milk sold in Grimsby was heat treated in two local dairies before distribution to the public.

Wholesalers of milk	..	..	..	..	..	2
Licenced pasteurisers of milk (high temperature short time)	..	..	..	..	..	2
Licenced to use designation Tuberculin Tested (Pasturised) Milk	..	..	..	..	..	2
Supplementary and dealers licences for sale of Pasteurised Milk	..	..	..	..	..	2
Supplementary and dealers licences for sale of Tuberculin Tested (Pasteurised) Milk	..	..	..	..	..	2
Licences to produce Sterilised milk	..	..	..	..	..	2
Licences to sell Sterilised milk (mostly for shop keepers)	..	..	..	..	..	384
Licences to sell raw Tuberculin Tested milk	..	..	..	..	..	2

Forty-four out of 49 samples of Pasteurised Milk, 23 out of 24 samples of Sterilised Milk and 41 out of 42 samples of Tuberculin Tested Milk passed the prescribed tests.

Twelve samples of raw milk (taken from vending machines) were examined for the presence of *B. Abortus* with negative results.

Ice Cream.—

Premises registered for ice cream making	6
Premises registered for sale of ice cream (chiefly for pre-packed ice cream)	493

Of the 32 samples submitted for the Methylene Blue test only two gave unsatisfactory results.

Food Hygiene.—Certain large processors of food continued their own internal schemes for the training of workers in food hygiene.

Following unsatisfactory results of bacteriological examinations of fish cakes, detailed investigations were made into the methods of production and cleansing and sterilization of the machines and utensils at the places of preparation in order to establish a routine system of sterilizing to prevent recurrences of the trouble.

When cases of Sonne Dysentery were investigated all food handlers with any contact with members of the family suffering from Sonne Dysentery were excluded from work until two negative specimens had been produced from the persons who had been found to be infected with the organism.

Members of the public continued to make complaints about food containing “foreign bodies” and the mouldy conditions of pre-packed foods and the Committee issued warnings to the firms concerned, except in six cases when court proceedings were taken and in five instances fines of £10 were imposed and one firm was fined £20.

One ice cream vendor was fined £5 for failing to have hot water on a vehicle used for the sale of ice cream, and another food preparer was fined £4 for using premises after the Council had revoked the registration.

A shopkeeper was fined £20 and £4 costs for exposing unsound fish for sale.

Food Poisoning.—Only one family outbreak of food poisoning was reported which involved three persons. The probable cause was staphylococci, but laboratory tests gave negative results.

Sampling and examination of foods.—632 tests which included bacteriological, biological, histological and chemical examinations were applied to a wide variety of food. The contents of pre-packed foods were also checked to ascertain if correct descriptions of the contents had been printed on the wrappers.

Warnings were given to an ice cream maker for selling ice cream which was 9% deficient in fat. A sample taken later was found to be genuine.

A sample of potted meat contained 21.7% excess of water; the maker was warned and he decided to discontinue further manufacture.

Public Health (Preservatives etc., in Food) Regulations.—All the samples examined complied with the Regulations.

Chemical Analyses.—The Public Analyst, Mr. Hugh Childs, B.Sc., F.R.I.C., undertook the chemical analysis of samples submitted under the Food and Drugs Act and Fertilisers and Feeding Stuffs Act.

Bacteriological, Histological and Biological Examinations.—These continued to be undertaken in the Department of Pathology, Grimsby General Hospital.

Fertilisers and Feeding Stuffs.—Two samples of fertilisers showed slight deficiencies in soluble phosphoric acid, one of them contained an excess of insoluble phosphoric acid.

PART VII.—ADDITIONAL INFORMATION.

NATIONAL ASSISTANCE ACTS : INCIDENCE OF BLINDNESS.

Twenty-six Forms B.D.8 were received during the year. As a result of examinations carried out by the ophthalmic surgeons 14 persons were certified as blind and 10 as partially-sighted; the remaining two were neither blind nor partially-sighted. No cases of retrolental fibroplasia were reported.

At the end of 1964 the total number of blind persons in the Borough was 145 (males 62, females 83). The number of partially-sighted persons was 56 (males 20, females 36).

Follow-up of Registered Blind and Partially-Sighted persons.

(i) Number of cases registered during the year in respect of which Form B.D.8 recommends:—	Cause of disability			
	Cataract	Glaucoma	Retrolental fibroplasia	Others
(a) No treatment ...	5	5	—	2
(b) Treatment (medical surgical or optical)	6	2	—	4
(ii) Number of cases at (i) (b) above which on follow-up action have received treatment ...	4	2	—	4

No cases of ophthalmia neonatorum were notified.

PERSONS IN NEED OF CARE AND ATTENTION.

During the year it was necessary to take action under Section 47 of the National Assistance Act, 1948, to remove one old lady to Part III Accommodation.

EPILEPTICS AND SPASTICS

From such information as is available the incidence of epilepsy and cerebral palsy in Grimsby is as follows :—

Epileptics

		Under 5	5-15	16 and over	Total Number
At ordinary school ...	Males	—	10	—	10
	Females	—	16	—	16
At special school ...	Males	—	—	—	—
	Females	—	1	—	1
At training centre ...	Males	—	2	1	3
	Females	—	3	—	3
*In employment ...	Males	—	—	21	21
	Females	—	—	3	3
At home ...	Males	2	—	21	23
	Females	7	—	3	10
TOTALS ...		9	32	49	90

Spastics

		<i>Under 5</i>	<i>5-15</i>	<i>16 and over</i>	<i>Total number</i>
At ordinary school	Males	—	2	—	2
	Females	—	6	—	6
At special school	Males	—	3	—	3
	Females	—	1	—	1
At training centre	Males	—	2	3	5
	Females	—	5	—	5
*In employment	Males	—	—	7	7
	Females	—	—	3	3
At home	Males	—	—	4	4
	Females	—	—	2	2
TOTALS		—	19	19	38

*Per Disablement Resettlement Officer, local office of Ministry of Labour.

MEDICAL EXAMINATIONS.

Medical examinations for superannuation purposes were carried out on 263 employees during the year, 247 by medical staff of the department and 16 by requests to other local authorities. Of these 5 were found unfit for entry into the superannuation scheme, and 4 were deferred for a probationary period.

Eight employees for retirement on medical grounds were referred to the medical referee, and the Medical Officer of Health investigated and made special reports on 13 employees who had been absent from duty for a period of three months and over.

Eighty-nine candidates for admission to training colleges were also examined by the medical staff. Examinations for entry into the teaching profession numbered 69, ten of these by requests to other authorities, and all received x-ray examination of the chest before appointment. These candidates were found to be fit for entry into the profession.

During the year 92 persons were examined for employment in the School Meals Service of the Local Education Authority. This examination, which includes tests for carrier conditions, is a valuable protection against the risk of food poisoning and fully justifies the time and trouble taken. None of the candidates were found to be unfit for such employment.

Sixteen firemen were also examined by the medical staff in accordance with the provisions of the Fire Services (Appointments and Promotions) Regulations, 1950, and one was found to be unfit for entry into the Service.

The above represents a total of 537 medical examinations during the year, 503 of which were performed by medical staff of the department, compared with 518 and 486 respectively in 1963.

As recommended in Ministry of Health Circular 64/50—Protection of Children from Tuberculosis—36 employees of the local authority whose work brings them into contact with young children were referred for x-ray examination of the chest.

BLOOD DONORS.

The Watkin Street Clinic is placed at the disposal of the Sheffield Regional Transfusion Team to hold taking sessions and was utilised on two occasions during the year.

LABORATORY FACILITIES.

The examination of specimens is carried out in the pathological laboratory at the Grimsby General Hospital. A total of 2,128 specimens was sent by the health department, compared with 1,696 in 1963.

GRIMSBY CREMATORIUM.

The Medical Officer of Health and his Deputy act as Medical Referee and Deputy Medical Referee respectively to the Grimsby Crematorium.

The following gives the number of cremations which have taken place in the past five years :—

<i>Year</i>	<i>Grimsby residents</i>	<i>Residents from other areas</i>	<i>Total</i>
1960	436	747	1,183
1961	459	883	1,342
1962	554	1,005	1,559
1963	587	1,165	1,752
1964	625	1,122	1,747

PART VIII.

STATISTICAL TABLES.

Table 1.—Vital Statistics of the whole Borough during 1964 and previous Years.

YEAR	Total Population estimated to middle of each year	Births			Total Deaths Registered in the District		Transferable Deaths		Nett Deaths belonging to the District			
		Un-corrected Number	Nett		Number	Rate	of Non-residents registered in the District	of Residents registered in the District	Under 1 Year of Age		At all Ages	
			Number	Rate					Number	Rate per 1,000 Nett Births	Number	Rate
1	2	3	4	5	6	7	8	9	10	11	12	13
1901	63,430	—	2048	32.4	1065	16.8	27	—	379	185	1038	16.4
1911	74,950	—	2128	28.4	1109	14.8	61	44	328	154	1092	14.5
1921	82,330	—	2173	26.4	980	11.9	55	55	222	102	980	11.9
1931	92,280	1634	1650	17.8	1126	12.2	53	37	100	61.0	1110	12.0
1941	78,680	1398	1403	17.8	1195	15.1	148	61	80	57.7	1108	14.0
1951	93,250	1655	1751	18.7	1276	13.6	215	66	60	34.2	1127	12.0
1952	93,200	1591	1693	18.1	1150	12.3	195	85	58	34.2	1040	11.1
1953	93,300	1517	1647	17.6	1176	12.6	207	53	55	33.3	1022	10.9
1954	93,670	1606	1700	18.1	1271	13.5	247	63	42	24.7	1087	11.6
1955	94,560	1639	1755	18.5	1186	12.5	204	84	49	27.9	1066	11.2
1956	95,400	1673	1791	18.7	1236	12.9	246	73	69	38.5	1063	11.1
1957	96,050	1710	1846	19.2	1254	13.0	247	65	35	18.9	1072	11.1
1958	96,380	1724	1829	18.9	1226	12.7	267	85	46	25.1	1044	10.8
1959	97,110	1800	1858	19.1	1156	11.9	248	104	41	22.0	1012	10.4
1960	97,030	1857	1909	19.6	1211	12.5	270	91	48	25.1	1032	10.6
1961	96,520	1821	1989	20.6	1236	12.8	280	82	43	21.6	1038	10.7
1962	96,780	2013	2031	21.0	1376	14.2	321	98	48	23.6	1153	11.9
1963	96,350	2017	1939	20.1	1284	13.3	308	101	37	19.1	1077	11.2
1964	95,300	2037	1960	20.5	1280	13.4	293	112	30	15.3	1099	11.5

Population at Census of 1951

...

94,557

Population at Census of 1961

...

96,665

Table 2.—England and Wales and Grimsby, 1947–1964.**Birth Rates.**

Year	Number of Births	Grimsby		England and Wales Birth Rate
		Birth Rate	Adjusted Birth Rate	
1947	2183	24·4	—	20·5
1948	1911	20·9	—	17·9
1949	1872	20·5	—	16·7
1950	1702	18·2	18·9	15·8
1951	1751	18·7	19·1	15·5
1952	1693	18·1	18·7	15·3
1953	1647	17·6	18·1	15·5
1954	1700	18·1	18·3	15·2
1955	1755	18·5	18·7	15·0
1956	1791	18·7	18·9	15·6
1957	1846	19·2	19·2	16·1
1958	1829	18·9	18·9	16·4
1959	1858	19·1	19·1	16·5
1960	1909	19·6	19·6	17·1
1961	1989	20·6	20·8	17·4
1962	2031	21·0	21·0	18·0
1963	1939	20·1	20·5	18·2
1964	1960	20·5	20·9	18·4

Table 3. England and Wales and Grimsby, 1947–1964.**Death Rates.**

Year	Nett Deaths	Grimsby		England and Wales Death Rate
		Death Rate	Adjusted Death Rate	
1947	1175	13·1	*	12·0
1948	991	10·8	*	10·8
1949	1125	12·3	13·0	11·7
1950	1052	11·2	11·9	11·6
1951	1127	12·0	12·6	12·5
1952	1040	11·1	11·7	11·3
1953	1022	10·9	11·4	11·4
1954	1087	11·6	12·1	11·3
1955	1066	11·2	11·8	11·7
1956	1063	11·1	12·6	11·7
1957	1072	11·1	12·6	11·5
1958	1044	10·8	12·2	11·7
1959	1012	10·4	11·8	11·6
1960	1032	10·6	11·9	11·5
1961	1038	10·7	12·0	11·9
1962	1153	11·9	13·3	11·9
1963	1077	11·2	12·5	12·2
1964	1099	11·5	12·9	11·3

* Area comparability factor suspended by Registrar General.

Table 4.—Causes of and Ages at Death during the Year 1964
(as compiled from figures supplied by the Registrar General)

[illegible]

Table 5.—Infantile Mortality during the year 1964.

Nett Deaths from stated Causes at various Ages under 1 Year of Age.

CAUSES OF DEATH				Under 1 week.	1—2 weeks.	2—3 weeks.	3—4 weeks.	Total under 4 weeks.	1—3 months.	3—6 months.	6—9 months.	9—12 months.	Total Deaths under 1 Year.
All Causes	Certified ...	...	...	16	2	1	—	19	5	4	1	1	30
	Uncertified ...	...	...	—	—	—	—	—	—	—	—	—	—
Inflammatory diseases of central nervous system ...				1	—	—	—	1	—	—	—	—	1
Pneumonia ...				—	1	—	—	1	—	—	—	—	1
Other respiratory diseases ...				—	—	—	—	—	3	2	1	—	6
Enteritis and diarrhoea ...				—	—	—	—	—	1	—	—	—	1
Spina bifida and meningocele ...				1	—	—	—	1	—	—	—	—	1
Congenital malformations of heart ...				1	—	—	—	1	1	1	—	1	4
Other congenital malformations ...				1	—	1	—	2	—	—	—	—	2
Injury at birth ...				3	—	—	—	3	—	—	—	—	3
Post-natal asphyxia and atelectasis ...				4	—	—	—	4	—	—	—	—	4
Immaturity without mention of disease ...				5	1	—	—	6	—	—	—	—	6
All other causes ...				—	—	—	—	—	—	1	—	—	1
Totals ...				16	2	1	—	19	5	4	1	1	30

Live Births in the year—

	Males	Females	Total
Legitimate ..	909	871	1,780
Illegitimate ..	93	87	180
Totals	1,002	958	1,960

Nett Deaths in the year—

	Males	Females	Total
Legitimate ..	15	13	28
Illegitimate ..	—	2	2
Totals	15	15	30

Table 6.—Cases of Infectious Diseases notified during the year 1964

Notifiable Disease	All ages						Under 1 year		1—2 years		2—3 years		3—4 years		4—5 years		5—10 years		10—15 years		15—20 years		20—25 years		25—35 years		35—45 years		45—65 years		65 years and over		Total cases admitted to Hospital
	M		F		Total		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F			
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F			
Scarlet Fever	32	25	57	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Whooping Cough	19	15	34	1	4	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	9
Measles	999	963	1962	53	37	113	120	138	134	172	160	127	142	387	364	9	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute Poliomyelitis (Paralytic)	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Dysentery	86	94	180	5	4	6	7	8	—	6	6	3	2	17	19	13	8	7	4	3	10	9	—	1	17	7	4	—	1	5	—	—	—
Food Poisoning	1	1	2	—	—	—	—	—	—	—	—	—	—	1	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Puerperal Pyrexia	—	5	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute Pneumonia	6	13	19	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Erysipelas	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Chicken Pox	178	185	363	6	9	15	18	16	15	26	20	26	16	73	82	5	13	5	4	2	4	5	—	1	2	1	—	—	—	—	—	—	—
Totals	1323	1301	2624	66	54	138	145	170	162	209	191	162	164	503	483	29	30	14	12	4	8	14	17	4	23	9	8	1	4	21	—	—	

TABLE 7—GRIMSBY, 1964.

TUBERCULOSIS—Age Groups of New Cases and Deaths.

Age Periods.	New Cases				Deaths			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M.	F.	M.	F.	M.	F.	M.	F.
Under 1 year ...	—	—	—	—	—	—	—	—
1—2 years ...	—	—	—	—	—	—	—	—
2—5 years ...	3	2	—	—	—	—	—	—
5—10 years ...	1	2	—	—	—	—	—	—
10—15 years ...	—	1	—	—	—	—	—	—
15—20 years ...	—	—	—	—	—	—	—	—
20—25 years ...	2	—	—	1	—	—	—	—
25—35 years ...	3	4	—	1	—	—	—	1
35—45 years ...	3	3	—	—	—	1	—	—
45—55 years ...	—	4	—	4	—	—	—	—
55—65 years ...	3	2	—	—	—	1	—	—
65—75 years ...	2	2	—	1	1	—	—	—
75 and upwards	2	—	—	1	3	—	—	—
Totals ...	19	20	—	8	4	2	—	1

Table 8—Grimsby 1955—1964.

Tuberculosis.—Notifications and Deaths.

Years	Notifications			Deaths		
	Pulmonary	Non-Pulmonary	Total	Pulmonary	Non-Pulmonary	Total
1955	64	11	75	16	2	18
1956	78	15	93	18	1	19
1957	80	22	102	11	1	12
1958	68	15	83	15	1	16
1959	57	6	63	11	1	12
1960	65	16	81	6	2	8
1961	49	10	59	8	2	10
1962	61	8	69	6	1	7
1963	34	12	46	5	3	8
1964	39	8	47	6	1	7

Table 9—Factories Act, 1961.

Annual Report of the Medical Officer of Health in respect of the Year 1964 for the County Borough and Port of Grimsby in the County of Lincolnshire.

Prescribed particulars on the administration of the Factories Act, 1961.

PART I OF THE ACT.

1—INSPECTIONS for purposes of provisions as to health (including inspection made by Public Health Inspectors)

Premises	Number on Register	Number of		
		Inspections	Written notices	Occupiers prosecuted
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	335	507	3	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	545	481	24	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises) ...	61	91	—	—
TOTAL ...	941	1,079	27	—

2.—CASES IN WHICH DEFECTS WERE FOUND.

(If defects are discovered at the premises on two, three or more separate occasions they should be reckoned as two, three or more "cases.")

Particulars	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remedied	To H.M. Inspector	by H.M. Inspector	
Want of cleanliness (S.1.)	219	198	—	—	—
Overcrowding (S.2)	—	—	—	—	—
Unreasonable temperature (S.3) ...	—	—	—	—	—
Inadequate ventilation (S.4)	4	1	—	—	—
Ineffective drainage of floors (S.6.)	26	15	—	—	—
Sanitary Conveniences (S.7.)—					
(a) Insufficient	2	—	—	—	—
(b) Unsuitable or defective ...	59	54	—	—	—
(c) Not separate for sexes ...	—	—	—	—	—
Other offences against the Act (not including offences relative to Outwork)	48	38	—	—	—
TOTAL ...	358	306	—	—	—

PART VIII OF THE ACT.

OUTWORK

(Sections 133 and 134)

Nature of Work	Section 133			Section 134		
	No. of out-workers in August list required by Section 133 (1) (c)	No. of cases of default in sending lists to the Council	No. of prosecutions for failure to supply lists	No. of instances of work in unwholesome premises	Notices served	Prosecutions
Wearing apparel Making, etc.	1	—	—	—	—	—
Nets, other than wire nets	116	—	—	—	—	—
TOTAL	117	—	—	—	—	—

PART IX

SCHOOL HEALTH SERVICE.

SCHOOL HEALTH SERVICE

REPORT OF THE PRINCIPAL SCHOOL MEDICAL OFFICER FOR THE YEAR 1964

To the Chairman and Members of the Education Committee.

It is again a pleasure to report that the general health of the Grimsby school child remains excellent. There were no serious epidemics and not a single case of poliomyelitis. The oral vaccine continues to be acceptable, the Salk-type being scarcely ever used now. Dysentery cases have been small in number and this indicates that good attention is being paid to hygiene in the school meals service.

The statutory medical inspections were completed for all schools and only four children were considered to be undernourished. Only 1 per cent of those examined showed signs of vermin infestation. The school nurses keep constant vigil but it seems there will always be a hard core of neglectful parents.

The consultant sessions held at the clinics are operating smoothly, and are greatly appreciated. In addition the co-operation between the Paediatrician and the school health service is ideal and this gives all concerned great pleasure apart from the advantages to the child.

Unfortunately it has been impossible to obtain a Speech Therapist despite every effort on the part of the Education Authority. This service is only needed by a minority, but its importance is out of all proportion to the numbers.

Special mention must be made of the departure of Dr. Tyerman, Senior Psychologist. During the eleven years he worked here he built up a splendid service to the community. We wish him well in his new sphere and at the same time congratulate Mr. Rubery on holding the fort meantime.

The Principal School Dental Officer has given a full report and once more appears the sad tale of dentists coming and going.

It is always a pleasure to express the thanks of the Health Department to our opposite numbers in the Education Department for willing and courteous help at all times. Likewise I pay tribute to a sympathetic Committee which eases the burden of administration.

R. GLENN,

Principal School Medical Officer.

HEALTH DEPARTMENT,

1 Bargate, Grimsby.

April, 1965.

GRIMSBY EDUCATION COMMITTEE*Chairman*—Alderman J. H. FRANKLIN*Vice-Chairman*—THE WORSHIPFUL THE MAYOR

(Councillor Miss J. B. B. McLaren, J.P.)

Director of Education

R. E. RICHARDSON, M.S., PH.D.

EDUCATION WELFARE SUB-COMMITTEE*Chairman*—THE WORSHIPFUL THE MAYOR

(Councillor Miss J. B. B. McLaren, J.P.)

Vice-Chairman—Councillor A. Bradley

Alderman	J. H. FRANKLIN,	Councillor	L. GOSTELOW
"	F. G. GARDNER,	"	G. H. PEARSON,
"	R. S. HAYLETT,	"	K. PRESCOTT,
"	Mrs. M. LAMOUR,	"	F. J. SHINNER,
"	Mr. M. LAMOUR,	"	T. W. SLEEMAN,
"	W. J. MOLSON,	"	A. W. STEADMAN,
"	C. J. MOODY,	"	Mrs. M. E. TUXWORTH,
"	J. P. MURPHY,	"	W. E. WILKINS,
Councillor	T. N. BAXTER		
"	P. R. BEMROSE,		Mrs. M. M. BARKER,
"	G. H. BERRETT,		Mr. M. B. LLOYD, M.A.
"	G. R. BERRETT,		Mr. G. W. RADGE, M.Sc.
"	R. BURTON,		Mr. E. SMITH,
"	Mrs. F. E. FRANKLIN, J.P.		Mrs. F. SMITH,

STAFF OF SCHOOL HEALTH SERVICE*Medical Officer of Health and Principal School Medical Officer*:—

ROBERT GLENN, M.B., B.Ch., B.A.O., D.P.H.

Deputy Medical Officer of Health and Deputy Principal School Medical Officer:—

SAMUEL R. W. MOORE, M.B., B.Ch., B.A.O., D.P.H.

School Medical Officers:—

JOHN G. J. COGHILL, M.B., Ch. B.

EILEEN M. PRIOR, L.R.C.P., M.R.C.S.

JAMES L. T. GRAHAM, L.R.C.P., L.R.C.S., L.M. (res: 31.10.64)

MARGARET FISHER SMITH, M.B., Ch.B. (app: 1.12.64)

Principal Dental Officer:—

GEOFFREY S. WATSON, B.D.S., L.D.S.

Dental Officer:—

PAUL W. GENNEY, B.D.S., (app: 5.10.64)

Part-time Dental Officers:—

DONALD W. HUNT, L.D.S., R.C.S. (Eng.)

DAVID U. E. MILLER, L.D.S., R.C.S. (Eng.)

CHARLES B. G. MAJOR, L.D.S., R.C.S. (Eng.) (app: 1.10.64)

Part-time Medical Anaesthetist:—

F. M. MACDONAGH, M.R.C.S., L.R.C.P.

Superintendent Health Visitor/School Nurse:—

Mrs. I. HALDANE

Health Visitors/School Nurses:—

Miss M. TIPPLER, Miss M. BAGG, Miss J. D. M. VARRIE, Mrs. M. KOZLOWSKI,
 Miss J. BELL, Miss K. SPENCER, Miss I. ADAMSON, Mrs. M. DAWSON, Mrs. I.
 STOREY, Miss H. BRAGG, Mrs. J. VEITCH (res: 16.10.64), Mrs. G. TILL (res: 12.2.64),
 Miss H. NUNNS (app: 20.7.64), Miss E. WEBSTER (app: 20.7.64).

School Nurses:—

Miss H. SCARLETT, Mrs. A. C. NICHOLSON, Mrs. J. MARSH, Mrs. M. WALMSLEY,
 Mrs. M. MAULTBY (part-time).

Clinic Nurses:—

Mrs. G. WHITEHALL, Mrs. J. MILLS (app: part-time 20.7.64), Mrs. M. COLEMAN
 (part-time, res: 31.12.64), Mrs. W. MASON (app: full-time 20.7.64)

Dental Staff:—

Mrs. M. AYLOTT (Clerk), Mrs. M. FINNIE, Miss S. M. CASH, Miss N. WELLS (res:
 31.1.64), Miss P. WILES (app: 24.2.64), Mrs. J. HARNIESS (part-time app: 1.11.64).

Clerical Staff:—

Miss A. ROBERTS, Miss J. OAKES, Miss L. HUTCHINSON.

GENERAL INFORMATION

Home population at all ages (estimated at 30th June, 1964) 95,300
 Estimated child population (30th June, 1964)

Under 1 year	..	..	..	1,890
1 to 4 years inclusive	..	..	..	7,510
5 to 14 years inclusive	..	..	..	15,700
Total under 15 years	..	..	..	<u>25,100</u>

Primary Schools*Number on Rolls*

Number of schools	..	..	19	10,215
Number of departments	..	..	36	

Secondary Schools

Number of schools	..	..	6	4,193
Number of departments	..	..	10	

Secondary Grammar and Technical Schools

Grimsby Wintringham Boys' Grammar School	..	..	..	568
Grimsby Wintringham Girls' Grammar School	..	..	..	587
Havelock School	..	..	..	905
Technical School	..	..	..	583

Special School

Carnforth Day Special School	134
------------------------------	----	----	----	-----

Nursery School

Nunsthorne Nursery School	45
---------------------------	----	----	----	----

Total number of pupils on rolls (January, 1965)	<u>17,230</u>
---	----	----	----	---------------

FINDINGS OF MEDICAL INSPECTIONS

Nutrition.—The average nutrition of school children was maintained at a satisfactory level throughout the year.

Classification of those medically examined is now made under the designation 'physical condition'. This includes general condition and physique, replacing the older classification of general condition only.

'Physical condition' is assessed under two headings—satisfactory and unsatisfactory. Of the 5,307 children medically examined, 5,303 (or 99.92%) were classified satisfactory, and 4 (0.08%) as unsatisfactory.

At the end of the year 7,056 children were paying for school dinners and 669 were receiving them free. The number of children drinking school milk was 13,692 each day.

Uncleanliness.—Examinations are carried out at regular intervals at the various schools by the school nurses, statutory notices being issued to parents where indicated.

Facilities were available at the school clinics for disinfecting those children who repeatedly attend school in a verminous condition. A nurse is in daily attendance, and D.D.T. preparation is issued free to parents with full instructions as to how to carry out the necessary treatment.

Inspections totalled 34,450: the number of individual children found to be unclean being 685, while at routine school medical inspections 63 children out of 5,307 examined showed evidence of louse infestation.

Diseases of the Skin.—The incidence of scabies and all skin diseases found at routine medical inspections during the last few years is given in the following table.

Disease	<i>Routine Medical Inspections.</i> Incidence per 1,000 inspections.					
	1959	1960	1961	1962	1963	1964
All skin diseases ...	5.4	6.9	3.4	4.1	4.3	2.6
Scabies ...	0.1	0.1	0.1	—	—	0.1

A further table shows the number of cases of the chief infectious skin diseases seen by the Medical Officer and treated at the school clinic during the same six years.

Disease.	1959	1960	1961	1962	1963	1964
Ringworm (scalp) ...	—	—	—	—	—	—
Ringworm (body)	—	—	—	—	—	—
Scabies ...	1	25	12	8	12	1
Impetigo ...	19	16	20	11	11	17

School Clinics.—There are two school clinics—one in Milton Road, Nunsthorpe and the other at 34, Dudley Street—both are open daily from 8.40 a.m. to 5.30 p.m. Minor ailment sessions are held each morning and the school medical officer attends three sessions per week. New cases seen by clinic nurses were 1,215 and total attendances numbered 5,893.

Special clinics are held as follows:—Ophthalmic—(weekly); Cardiac—(monthly or by arrangement) and Orthopaedic—(fortnightly).

In addition the school medical officers carry out the examination of candidates for admission to training colleges and entrants to the teaching profession.

Defects of Vision and Diseases of the Eye.—Refraction was carried out on 235 children (75 new cases), and glasses were prescribed for 183. Attendances number 384 and no cases of eye disease were referred from the school clinic during the year.

Diseases of the Ear, Nose and Throat.—

(a) **Audiometry.**—During the year 1964 hearing tests by the sweep method were carried out in schools and the results were as follows:—

Number tested	685
Number found satisfactory	677
Number referred to the school clinic for special examination and final disposal	8

(b) **Nose and Throat Defects.**—The number of cases found to require treatment at routine and special inspections was 32. These were classified as follows:—

Chronic tonsillitis	14
Adenoids only	1
Chronic tonsillitis and adenoids	13
Other conditions	4

Appropriate treatment was carried out by the clinic nurse in suitably selected cases as advised by the medical officers.

(c) **Diseases of the Ear.**—28 new cases of otitis media and 8 old were examined at the school clinic. Of the 36 cases seen, 10 were referred to the E.N.T. Specialist on account of deafness.

Heart Diseases and Rheumatism.—During the year 10 consultative clinics were held at the school clinic. 41 cases (of which 6 were new) made a total of 54 attendances.

Orthopaedic Clinic.—During the year 19 consultative clinics were held at the school clinic. 143 cases (of which 33 were new) made a total of 155 attendances.

HANDICAPPED PUPILS AND SPECIAL SCHOOLS REGULATIONS, 1959.

(As on January 28th, 1965.)

Categories of Handicapped pupils	Number at ordinary school.	Number at special school.	Number not at school.
Blind	—	2	—
Partially sighted ...	1	2	—
Deaf	—	7	—
Partially hearing ...	—	2	—
Educationally sub-normal ...	11	114	—
Epileptic	26	1	—
Maladjusted ...	2	5	—
Physically handicapped	1	5	1*
Speech defect ...	—	—	—
Delicate	—	1	—

* receiving home tuition.

Infectious Diseases.—No school or department was closed on account of communicable disease during 1964.

The incidence of notifiable disease in children aged 5 to 15 years was as follows, the figures in brackets indicating the numbers notified in 1963.

Scarlet fever 36 (21); measles 765 (527); whooping cough 10 (52); chicken-pox 173 (407); dysentery 57 (28); pneumonia 2 (1); food poisoning 2.

In addition 4 children of school age were notified under the Public Health (Tuberculosis) Regulations, 1952, as suffering from pulmonary tuberculosis. Last year there were 3 notified cases of pulmonary tuberculosis.

B.C.G. Vaccination.—This work progressed satisfactorily and was offered to second year pupils attending secondary schools. On the 1st December the Ministry of Health issued Circular No. 19/64 which outlined the present B.C.G. vaccination arrangements and cancelled previous circulars on this subject. The record card was also simplified and the Circular suggested that such records should be kept for at least ten years. The number of children dealt with during the past five years was as follows:—

<i>Year</i>								<i>Number vaccinated</i>
1960	..	..	..	..	..	..	..	2,204
1961	..	..	..	..	..	..	..	926
1962	..	..	..	..	..	..	..	1,091
1963	..	..	..	..	..	..	..	1,062
1964	..	..	..	..	..	..	..	1,015

Tuberculin survey in schools.—In January a tuberculin survey was undertaken at a Secondary Boys' School where a teacher was reported as suffering from pulmonary tuberculosis. As a result of this survey only one pupil was X-rayed at the Chest Clinic and he was found to be fit and well.

Diphtheria immunisation.—Special diphtheria immunisation sessions were conducted at school premises in conjunction with medical inspections and of the following details 242 primary and 1,709 maintenance injections were carried out in schools.

<i>Primary immunisation</i>		<i>Reinforcing injections</i>	
Under 5 years	1,517	Under 5 years	75
5 to 15 years	193	5 to 15 years	1,874
	<hr/> 1,710 <hr/>		<hr/> 1,949 <hr/>

The total primary immunisations for the previous year was 1,735 and re-inforcing injections numbered 2,135.

Poliomyelitis vaccination.—In general ORAL vaccine is given to infants who have completed the diphtheria immunisation course, and there is

also an opportunity for children about to enter school to receive a further dose of vaccine. The number of children to receive immunisation was as follows:—

Under 5-years	1,457
5—15 years	55
	<hr/>
Total	1,512
	<hr/>
Re-inforcing doses	649
The total primary immunisations for the previous year was	1,318

Employment Certificates.—During the year certificates were issued to 177 school children who were engaged in particular employment after school hours.

Provision of Clothing.—Clothing was supplied to 364 children at a cost of £1,902.

DENTAL SERVICE

Mr. Geoffrey S. Watson, B.D.S., L.D.S., Principal Dental Officer, presents the following report:—

The past year, 1964, has been a more settled one, in that the termination early in February of the major upheavals associated with the closure of one clinic, the equipping and bringing into use of another, together with the completion of structural alterations in yet a third clinic, has enabled a return to the more usual preoccupation with dentistry as the statistical tables of treatment provided will show.

School inspections have been carried out in secondary schools only but treatment has been given to all age groups who seek it, by visiting the clinics. To reduce time lost by broken appointments, the parents are notified and requested to help in preventing future recurrences. It must be stated however that attendances for appointments are very good, but time wasted must be reduced to a minimum.

Instruction in oral hygiene is necessarily limited, in view of the staffing position, and is confined to the supply of poster material to the schools, and 'hand-outs' in the clinics. Patients receiving treatment are instructed during their visits. The whole problem of oral health instruction is one that should be resolved at a higher level, as well as being supplemented by local teaching. The almost bewildering assortment of confectionery that is available today

coupled with the psychological high pressure advertising is a redoubtable adversary that requires great skill and purpose in bringing under reasonable control.

The spectacle of two teenage boys avidly sucking lollipops in the waiting room of my own dental clinic whilst surrounded by the latest Ministry of Health posters, and also a further poster depicting The Beatles happily munching apples, gives an indication of the apparent unsurmountability of this oral health problem.

It is again ironical that advertising for commercial gain has no limits, whereas the introduction of fluoridation is withheld from the community in varying regions. The writer hopes that this Authority will reconsider its decision in the near future and follow the example set recently by The City of London.

In September 1964 one of the only two full-time dental officers resigned to enter the lists of general practice. By a stroke of good fortune the appointment of a successor, the first in the past five years, resulted in the almost legendary strength of two dental officers being maintained in Grimsby.

Since 1952, when the writer joined the service in this Authority, apart from one short period of approximately 18 months, from 1959 to 1961, Grimsby has had but two full-time dental officers for the last 13 years. Prior to 1952, this service was staffed by only one dental officer for three years. In other words for the past 16 years this Authority has had on balance only two full-time dental officers.

As a result, the annual reports of this service are a repetitive complaint of staff shortage.

A solution to this problem, could well be to follow the example of other Authorities who have realised that a change is necessary in regard to the conditions of service for their school dental officers.

The fact remains that the present method of obtaining professional staff by advertising in the professional journal has not resulted in an appointment being made since 1949. The conditions of service offered have virtually remained unchanged since the inception of the school dental service some 50 years ago. They have proved to be inadequate and unattractive to the young graduates which the service needs.

It has been found in Grimsby, and in many other Authorities, that in general young graduates who join the service leave after a short period as a result of professional frustration, and the very limited promotion prospects. They enter into general practice where the industriousness of most dental practitioners is given full scope, expression, and reward.

Some Authorities recognising this are now changing their conditions of service for their school dental officers and are now offering the opportunity of participation in general practice after normal duty hours.

This facility in principle is after all quite commonplace in many professions and trades today, and it is incongruous that when dental surgeons are in such short supply that the full-time school dental officer should be restricted in his professional activity, whereas the general practitioner who is part-time in the school dental service suffers no restriction whatever. The small changes that have been made in the school dental service in the past 50 years need to be replaced by a new outlook, one that will encourage the young graduate to remain in the service.

My thanks are due to the Health and Education Departments for their assistance and also to my staff for their co-operation.

It has been a year of effort and hard work, resulting however in no sense of achievement, since treatment coverage is entirely dependent on full-time officer strength.

CHILD GUIDANCE SERVICE

Dr. W. G. K. Rubery, Assistant Educational Psychologist, submits the following report for the year ending 31st December, 1964.

1.—Staff. In June, 1964 Dr. M. J. Tyerman left the area to take up a post at the Callandar Park College of Education, Falkirk, and in December of that year Miss M. E. D. Pearson resigned to return to Ireland after a period of illness. Both Dr. Tyerman and Miss Pearson had served the Authority for eleven years.

The full-time members of staff at the Child Guidance Centre are Mr. W. G. K. Rubery, Assistant Educational Psychologist, Mr. T. D. MacKenzie, Remedial Teacher/Psychological Tester, Mrs. M. N. Green, Remedial Teacher and Mrs. D. M. Tomlinson, Secretary-Receptionist.

By arrangement with the Sheffield Regional Hospital Board, Dr. J. F. R. Goodlad, Consultant Psychiatrist and Medical Superintendent of the Lawn Hospital, Lincoln, attends the Centre two sessions each week. Occasionally, Dr. D. J. Buchanan, his senior assistant, has attended.

2.—General Comment. The Child Guidance Service is a part of the educational system but in spite of its educational bias it is also one of the many social services concerned with the child and his family. In order, therefore, that the maximum benefit should be obtained from the service close co-operation must be maintained with the schools, Children's Department, hospitals, doctors, School Health Service and Probation Officers. Among those whom we must thank for their help and support are Dr. R. E. Richardson, Director of Education, Dr. Glenn, Medical Officer of Health, Grimsby and their colleagues.

3.—Summary of statistics:

Number of:

children referred during 1964	..	..	..	..	..	218
new cases dealt with at the child guidance centre during 1964	..					234
old and new cases dealt with in 1964	..	..	..	..	..	436
children dealt with during 1964 in remedial classes	..	..	..			748
children dealt with during 1964 in hospital classes	..	..	..			513

4.—Details of work at the Child Guidance Centre during 1964. These figures do not include those children dealt with in the remedial or hospital classes.

A. Cases closed, current and awaiting interview

No. of cases closed in 1964	..	..	..	..	..	179
No. of cases current on 31st December 1964	..	..	..			175
No. of children awaiting initial interview	..	..	..			5

B. Particulars of children referred in 1964

1. Total number of new cases

..	218
----	----	----	----	----	-----

2. Ages at the time of referral:

Below 5	..	..	..	..	..	..	11
5 but not 6	..	..	..	..	..	..	14
6 „ „ 7	..	..	..	..	..	..	17
7 but not 8	..	..	..	..	..	..	20
8 „ „ 9	..	..	..	..	..	..	22
9 „ „ 10	..	..	..	..	..	..	21
10 „ „ 11	..	..	..	..	..	..	23
11 but not 12	..	..	..	..	..	..	21
12 „ „ 13	..	..	..	..	..	..	16
13 „ „ 14	..	..	..	..	..	..	20
14 „ „ 15	..	..	..	..	..	..	15
15 and over	..	..	..	..	..	..	18

59 per cent of all new cases referred during the year were children under the age of 11 years.

3. Sex

Boys	..	..	..	..	..	..	..	147
Girls	..	..	..	..	..	..	..	71

The ratio of boys to girls is approximately two to one, although fewer girls and more boys were referred than in 1963.

4. Reasons for referral:

						<i>Boys</i>	<i>Girls</i>	<i>Total</i>	<i>%</i>
Mental or personality assessment	..	..	..	..	..	19	10	29	13
Difficult behaviour	..	..	..	..	..	54	14	68	31
Emotional problems	..	..	..	..	..	20	17	37	17
Educational guidance	..	..	..	..	..	18	11	29	13
Habit disorders	..	..	..	..	..	13	12	25	12
Failure to progress at school	..	..	..	..	..	13	6	19	9
Other	..	..	..	..	..	10	1	11	5

The most frequent reason for referral was because of difficult behaviour. These categories, however, overlap to some extent and therefore are only a rough guide to the difficulties discovered during the course of interviews.

5. Source of referral:

									<i>%</i>
Parents	..	..	..	..	..	..	..	23	11
Headteachers	..	..	..	..	..	..	..	83	38
M.O.H. and his staff	..	..	..	..	..	..	..	8	4
Director and his staff	..	..	..	..	..	..	..	16	7
General practitioners and consultants	..	..	..	..	..	..	..	43	20
Children's Officer and Magistrates	..	..	..	..	..	..	..	32	14
Probation Officers	..	..	..	..	..	..	..	2	1
Other	..	..	..	..	..	..	..	11	5

45 per cent of new cases were referred by the head teachers and by the Director of Education and his staff, also many parents refer their child to the Centre after being advised to do so by the headteacher.

6. Cases from previous years dealt with in 1964	..	..	223
Number of children referred in 1963 but not interviewed until 1964			21
Number of children interviewed in 1964 who had been interviewed in previous years	..	..	202

C. Analysis of Interviews:**1. Interviews with children by:**

Educational Psychologist	..	..	..	..	..	..	87
Assistant Educational Psychologist	..	..	..	..	..	..	558
Psychiatrist	..	..	..	..	..	..	126
Social Worker	..	..	..	..	..	..	67
Remedial Teachers	..	..	..	..	..	..	940

2. Interviews with parents by:

Educational Psychologist	94
Assistant Educational Psychologist	424
Psychiatrist	138
Social Worker	228
Remedial Teachers	327

3. School Visits by:

Educational Psychologist	64
Assistant Educational Psychologist	36
Social Worker	—
Remedial Teachers	304

4. Home Visits by:

Educational Psychologist	62
Assistant Educational Psychologist	45
Social Worker	56
Remedial Teachers	40

In spite of staff shortages every effort was made to ensure that parents and their children did not have to wait too long before the initial interview.

D. Closures during 1964:

1. Total Number	179
--------------------------------	------------

2. Reasons for closure:

(a) No treatment required. Diagnosis followed by report or advice	59
(b) Child transferred	24
(c) Parents did not accept offer of treatment	32
(d) Problem cleared by time of interview	2
(e) Cases given regular treatment interviews, supportive treatment or advice and when followed up were found suitable for closure because:	
Condition satisfactory	40
Improvement	22
No change	—

If we consider as failures the 32 cases in which parents did not accept offer of treatment and include these with cases closed after regular treatment then the success rate is as follows:—

42 per cent are cases closed satisfactory

23 per cent are cases closed improved

35 per cent are cases closed no improvement

E. Composition of Case Load on 31st December 1964:

1.	Total number of children	..	..	..	..	..	175
2.	(a) Number awaiting initial interview	..	..	..			5
	(b) Number whose progress requires following up				..		63
	(c) Number being treated by :						
	Assistant Educational Psychologist	..	..	..			56
	Psychiatrist	..	..	..	..	..	37
	Social Worker	..	..	..	..	..	—
	Remedial Teachers	..	..	..	..	..	14
3.	Number referred before 1st January, 1964 and still current on 31st December, 1964	..	..	..	..	..	99
	Number referred in 1964 and still current (including "follow-ups" and "waiting appointments")	..	..	..			76

F. Statutory Examinations under Sections 34 or 57 of the Education Act

1.	Age:	2	3	4	5	6	7	8	9	10	11	12	13	14
	Number of children	—	1	2	2	3	3	5	2	2	3	2	1	—
2.	Sex:	..	Boys:	11		Girls:	15		Total:	26				
3.	Recommendation:													

Day special school for educationally subnormal children (Carnforth)	16
Junior Training Centre or institution for mentally handicapped children	5
Special education in an ordinary school	3
Residential special school for physically handicapped children	2

G. Remedial Teaching in Schools

Remedial teaching is an integral part of the Child Guidance Service and exists to help children in the schools who have failed to respond to normal class teaching. Normally these children are severely retarded in the basic subjects through absence, illness, maladjustment or impoverished background. With intensive teaching in small groups they are soon working to capacity and better able to profit from instruction in class.

During 1964, 748 children received remedial help in the following Grimsby schools:—

South Parade Junior School	Mrs. Coop	— 5 sessions
Nunthorpe Junior Boys' School	Mrs. West	— 4 „
Welholme Junior Boys' School.. .. .	Mrs. West	— 4 „
Old Clee Junior School	Mrs. Howe	— 5 „
Welholme Senior Girls' School	Mrs. Somerville	— 2 „
Edward Junior School	Mrs. West	— 2 „
Little Coates Junior School	Mrs. Lawley	— 5 „
Weelsby Junior Boys' School	Mrs. Walsham	— 1½ „
Weelsby Junior Girls' School	Mrs. Walsham	— 1½ „
St. Mary's Junior School	Miss Hall	— 3 „

These children are accounted for as follows:—

Total number of children now receiving remedial teaching	488
Discharged — reading to capacity	218
— transferred to Secondary schools	21
— left district	17
— low innate ability	4

748

These figures show an increase of 40 children over the previous year. Some 280 children are admitted to these classes each year and a discharge rate of 218 children reading to capacity indicates a success factor of 78 per cent.

Education of children in hospital:

	<i>Scartho</i>	<i>G. & D.</i>	<i>Total</i>
Number of Pupils during 1964	141	372	513
Number of sessions during 1964	166	189	355

Classes are held in hospital five mornings a week, with Mrs. E. Blackburn at the Grimsby and District Hospital and Mrs. F. M. Ingham at Scartho Hospital. The classes at the two hospitals provide a very important service. They enable children to avoid falling behind with their school work and, no less important, help to prevent boredom. The emotional relationship between teacher and pupils often helps to reduce anxiety. In addition, the hospital teachers notify the Centre of all children discharged so that, if necessary, steps can be taken to provide any special educational treatment that the child may need.

PHYSICAL EDUCATION

(Report by Mr. L. R. G. Welham, Organiser of Physical Education.)

I am pleased to report that 1964 was a very satisfactory year with regard to the physical education programmes carried out by the schools. There was a further increase over the previous year in the extent and variety of activity with many more pupils taking part. In some instances pupils returned to school during the evenings for additional coaching or in order to take part in competitions.

At a time when vandalism is being practised by a minority on both school and private property, more publicity could well be given to the large majority of youth who take part in so many purposeful, healthy, recreative activities. As an example, in our major winter game of association football, seventy-one teams competed during the current season in the four senior and three primary school leagues. These leagues gave opportunity for over 800 boys to play for their schools, often twice a week, making a total of over 600 matches. To this list should be added the competitive games arranged for the older pupils in the 16-18 years range, together with the many hundreds of practices and internal competitions.

In addition to the growth of physical activity which took place during and after school, it was noticeable that there was a similar increase in the physical activity carried out in the youth clubs and Evening Institutes administered by this Authority. Some 60 per cent of those who attended these clubs still attended school and it was therefore most pleasing to see the link-up which was made in this school-club relationship. Using the facilities and equipment of the schools, a wide range of physical activities were held in the Evening Institutes and this too enabled many students to continue their earlier training.

Contact was made or kept with a number of adult sports organisations at local and county level and meetings were held to co-ordinate the efforts to provide and encourage the continuance of sport for the 16-21 age range. To quote the "Newsom Report", paragraph 402 —

"The essential needs in physical education for many older pupils could perhaps be summed up in the words variety, choice, better facilities, and links with adult organizations."

This we endeavoured to do.

Primary Schools. The P.E. undertaken at the primary level maintained the same pattern as that established during recent years. In infant departments much of the activity consisted of a free range of movements designed to provide flexibility and strength through experimentation. Confidence and self reliance were developed mainly through the use of agility and climbing apparatus. Many schools as usual took the Music and Movement lessons broadcast by the B.B.C. Movement through dance and drama was also taken with the assistance of piano, percussion instruments or record player.

Basic agility training and games skills were undertaken in all primary junior schools and several schools ran a gym club for pupils showing greater ability for this type of activity. Schools carried out after-school sessions of training for the major games which were played on competitive lines as part of the junior schools sports programme.

National and Folk Dancing was included in the schemes of several schools and the annual Folk Dance Party for junior schools was again held on the quadrangle of Nunsthorpe Primary Girls' School.

The annual inter-primary school sports was held at Clee Fields. Large numbers of children participated in the two heats evenings, from which some 500 representatives went forward for the final day's competition. The competitions held on a 'small school' or 'large school' basis resulted as follows:—

Girls	Small school winners	—	Reynolds
	Large	„ „	— Nunsthorpe and Old Clee (tie)
Boys	Small school winners	—	Macaulay
	Large	„ „	— Nunsthorpe

Netball games for girls and football for boys remained the major games activity for the autumn and spring terms. League competitions for these games were held throughout the period and the annual junior school netball tournament was held on Clee Fields one evening in May when 18 teams took part, the winners being Western Primary Junior School.

Other games activities included rounders, cricket, hockey and tennis.

The South Parade canoe club was further developed by the acquisition of two more canoes constructed by the pupils on Saturday mornings. Plans were also set in motion for a landing stage and boat shed to be erected on the site. Some 30-40 pupils were initiated into the joys of 'paddling their own canoe' using the very convenient stretch of water adjoining their playing field. Swimming and school camping for junior schools are included later in this report.

Secondary Schools. Following a short Teachers' Course on Trampoline Tumbling, the Authority purchased two trampolines. These arrived in time for the September opening of schools. The requests for their use were such that it was arranged to place them for one term in schools with suitable facilities and trained staff. On this basis they were allocated to the two Western Schools for the autumn term. They are scheduled to go to the Chelmsford Schools and then to the Grammar Schools for the spring and summer terms respectively. During the time that the trampolines were at Western Schools, every pupil from each school had some training in this activity. Contrary to many impressions, the art of trampolining needs a very high degree of skill. A fine degree of balance, accurate timing and co-ordination are necessary to achieve even an average performance. It was therefore most interesting to find that after only one term's use the girls of the Western Secondary Girls' School had attained a sufficiently high standard to warrant the holding of a competition in December. An excellent display of talent was seen and several girls merited further specialised training in this activity. Similar progress was shown in the boys' department and both schools were extremely reluctant to have the trampolines transferred to other schools.

During recent years the high expectations held in the sphere of physical education planned for the new Hereford School were realised by the opening of this school in September. The P.E. curricula for internal and external facilities was partially established and should grow quickly when further

building developments are completed. Although in the exploratory stage, club activities for boys and girls were established and teams were entered in the local sports competitions. As an obituary to the two Armstrong Schools it should be recorded that their achievements in the sporting field were second to none in this Borough. For many years the Armstrong Boys' School prowess in swimming was most evident, whilst the netball achievements of the Girls' School were known throughout the county. The pupils from these two schools can establish a most useful nucleus for the sporting activities of their new school in the future.

All schools carried out a comprehensive programme of indoor and outdoor activity similar to that of recent years. It was noticeable that, in the main, the variety and content of the activity in and out of school depended largely upon the availability and extent of the facilities provided. It was, therefore, the post-war schools that were able to show greater expansion in their activities and this enabled many more pupils to participate in an ever growing number. In physical education the pupils of the Harold, Welholme, Havelock, Technical and St. Mary's Schools were still at a great disadvantage as compared with those of the other secondary schools, in spite of the limited improvements which have been carried out in these older schools during post-war years.

In this Borough a selection from the following activities formed the content of secondary school physical education:—

Boys

Gymnastics
Soccer
Cross Country Running
Rugby
Basket-Ball
Tennis
Cricket
Soft-Ball
Handball
Athletics
Volley Ball
Badminton
Swimming and Diving
Sailing and Canoeing
Weight Training
Trampolining
Hockey
Golf
Table Tennis

Girls

Gymnastics
Hockey
Cross Country Running
Netball
Rounders
Tennis
Folk Dancing
Ballroom Dancing
Judo
Athletics
Table Tennis
Badminton
Swimming and Diving
Sailing and Canoeing
Golf
Trampolining

With an ever growing list of activities being taken year by year, only certain specific ones have been singled out for comment where considered necessary. In the main all schools entered for a variety of competitions held during the year. These ranged from inter-house, inter-school, county, inter-county, and in some cases finally National Championships.

School camping, sailing and canoeing were also taken, in some cases during the school holidays. It will be appreciated, therefore, that every effort was made to give opportunity to a very large number of pupils to learn and take part in a very wide choice of activities. The major part of the work involved has inevitably rested with the specialist P.E. staffs but it was most pleasing to note that much help was also forthcoming from other members of the staff. At present this help is mainly of a voluntary nature.

School Camp — Humberston. A camping period for schools was again held at the Y.M.C.A. Humberston Camp during the summer term. Several improvements had been carried out in the camp since the previous year and these added materially to the comfort and wellbeing of the campers. The sport-hall in particular, was greatly appreciated, especially so during periods of bad weather. The additional new heated sleeping huts, too, enabled all pupils to be accommodated in similar conditions. 500 pupils and staff attended in groups of approximately 65 per week. The weather during the period was varied but mainly it was a good year for this venture.

Swimming. The swimming programme arranged and carried out at the two swimming pools was most successful and there was a noticeable rise in the overall standard. This was emphasised by the increase in the number of pupils gaining specific awards covering several aspects of swimming. The standard of diving, too, showed much improvement.

The 1963 experiment of some secondary schools holding their own galas at the end of the school year in the Grimsby Swimming Pool proved very popular and, in all, eight schools arranged to do this during the year under review.

Many Head Teachers considered that swimming should become an essential part of their school curriculum and to this end it became a time-tabled subject. There remained, however, some conflict between the merits of the swimming and the time needed from school to participate in it. It must be agreed that much time is spent in assembling, transporting or conducting pupils to and from the pools and in supervising generally.

The time thus used can in some cases be completely eliminated, and in other cases be considerably reduced as soon as the Authority can adopt the policy of providing a pool of adequate dimensions for all large secondary schools or pairs of schools. Swimming instruction could then be time-tabled as a normal lesson period and could be taken by the schools' own members of staff. Selected sites, preferably on the perimeter of the Borough, for the erection of two or three shallow-water learners' pools might also be considered for the primary schools. This would not only reduce the time taken up in travel but would enable these pupils to learn to swim at an earlier age.

The swimming statistics cover the academic year September 1963 to July 1964.

Approximate number of pupils on registers	5,000
Approximate number of pupils attending weekly	3,600
Number of pupils taught to swim	2,238
(1,548 primary, 690 secondary)	

Grade Badges Gained

Grade I	2,139
Grade II	1,081
Grade III	23
Grade IV	1

A special survey of pupils in their fourth year of primary school education taken at 1st June, 1964, showed that 75.6 per cent were able to swim (excluding those medically unfit to learn).

More schools entered for the Royal Society for the Prevention of Accidents 'Learn to Swim' National Competition. This competition, now organised into three sections, was confined to pupils in their fourth year of primary education. The results of our entries were very satisfactory and are shown below:—

Section B (Schools with over 20 and less than 70 leavers)

3rd place	Macaulay P.J. School	92.75%
5th ..	St. Mary's P. School	87.6 %
11th ..	St. John's P.J. School	82.4 %
19th ..	Little Coates P.J. School	73.0 %
20th ..	Welholme P.G. School	72.1 %
24th ..	Edward P.J. School	60.4 %
28th ..	Holme Hill P. School	53.8 %

Section C (schools with 70 leavers and over)

3rd place	Yarborough P.J.G. School	92.9 %
15th ..	Western P. School	58.2 %
19th ..	Old Clee J. School	47.4 %

During the year the Personal Survival Awards of the A.S.A. were introduced into the swimming programme for the first time. These were an immediate success and some excellent results at both primary and secondary level resulted.

Personal Survival Awards Gained

					<i>Bronze</i>	<i>Silver</i>	<i>Gold</i>
Primary Schools	..	..	..	..	268	50	3
Secondary Schools	..	..	..	..	812	232	90
Total	..	..	..	..	1,080	282	93

E.S.S.A. Advanced and Medallist awards were gained by ten pupils and two pupils gained the disabled swimmers Intermediate Certificate.

In October, the E.S.S.A. National Championships were held at the Grimsby Pool. This was a major function for the teachers of Grimsby to undertake and an honour for this Borough to be the venue. Planning took place during the previous 18 months and the eight main sub-committees put in much time to ensure success. In all, over 200 local teachers were involved in some aspect of the Championships. At the completion, officials of the E.S.S.A. were well satisfied and expressed the opinion that the gala would be remembered as one of the best held during the 15 years of the organisation's existence. The support of the Grimsby Borough Council, together with the help so willingly given by the Grimsby public in providing free billeting and hospitality to the competitors, together with that given by so many teachers in the Borough, must be recorded.

Playing Fields and Other Facilities. The grass playing fields were well used throughout the year and their excellent state contributed greatly to the success of the activities already mentioned. Part of the Hereford School field was prepared during the previous autumn and this was ready for use on the opening of the school. A number of tennis courts were prepared on the Havelock field and the hard macadam playgrounds were netted to enable additional courts to be used at the two Wintringham and two Chelmsford Schools. The latter provision assisted greatly in the augmenting of tennis courts for these schools but with the standard of tennis improving year by year it is highly desirable that consideration should be given to the possibility of providing an area constructed specifically for this game.

Much research is at present being undertaken by many of the specialist firms engaged in the provision of these specialised areas and entirely new surfaces have been evolved which it is claimed are suitable for out-door play in almost any weather conditions. The main disadvantage at present is the much higher cost of these newer materials when compared with the semi-loose water bound surfaces. It is, however, claimed that the increased usage possible, together with much less maintenance and repair costs make these surfaces better value than those now in common use. It would assist this and other Authorities if the Ministry of Education and Science could be encouraged to co-operate with these firms in producing a surface sufficiently satisfactory for it to be specified in their Building Regulations in addition to the usual playground areas.

The playing fields at Grange Primary Junior and Infants' Schools were completed whilst those for Little Coates Primary Junior School and the new St. Mary's R.C. Secondary School were prepared for sowing.

The second stage of the Cleve Youth Centre Changing Rooms was completed and now provides adequate modern changing facilities for players of all ages using the Cleve Fields.

Teachers' Courses. During the spring term teachers' courses were held for Judo, Trampolining and Golf. These were introductory courses and great interest was shown in them by the teachers. A Basket Ball course was also held. This was a follow-up of the initial course held the previous year.

During the summer term, a short course on diving, which was mainly for the benefit of our swimming instructors, was held.

In conjunction with Lindsey Education Authority our teachers were invited to attend a short course for women teachers of hockey held at Beacon Hill School, Cleethorpes.

A Tennis Coaches' Course was held during the autumn term for the Lawn Tennis Association Elementary Coaching Certificate.

Attendance

Golf	..	..	..	..	..	..	6 men	9 women
Trampoline	..	..	..	..	..	..	17 „	22 „
Judo	..	..	..	..	..	..	3 „	14 „
Basket Ball	..	..	..	..	..	..	19 „	2 „
Diving	..	..	..	..	..	..	13 „	17 „
Tennis	..	..	..	..	..	..	8 „	6 „
Hockey	..	..	..	..	..	..	—	3 „

Conclusion. I would like to thank the Director of Education and the Medical Officer of Health and their staffs, whose advice and assistance have always been readily available.

I would also like to thank those teachers who helped at the school camp, trained teams and refereed matches and who gave their time to running clubs and other out-of-school activities. I am also grateful to the Grimsby Cleethorpes and District School Sports Association for the extensive sports programmes carried out during the year.

**PART I—MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED
PRIMARY AND SECONDARY SCHOOLS
(Including Nursery and Special Schools)**

TABLE A.—PERIODIC MEDICAL INSPECTIONS

Age Groups inspected (By year of Birth)	No. of Pupils who have received a full medical examination	PHYSICAL CONDITION OF PUPILS INSPECTED	
		Satisfactory	Unsatisfactory
		No.	No.
(1)	(2)	(3)	(4)
1960 and later	93	93	—
1959	971	971	—
1958	374	373	1
1957	28	27	1
1956	13	11	2
1955	57	57	—
1954	83	83	—
1953	1,184	1,184	—
1952	569	569	—
1951	80	80	—
1950	378	378	—
1949 and earlier	1,477	1,477	—
TOTAL	5,307	5,303	4

Col. (3) total as a percentage of Col. (2) total 99.92 per cent	} to two places of decimals.
Col. (4) total as a percentage of Col. (2) total 0.08 per cent	

TABLE A. — PERIODIC MEDICAL INSPECTIONS — *(continued)*

No. of Pupils found not to warrant a medical examination (See Note 1 above)	Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
	for defective vision (excluding squint)	for any other condition recorded at Part II	Total individual pupils
(5)	(6)	(7)	(8)
—	—	16	15
—	—	195	183
—	2	74	69
—	—	4	4
—	—	1	1
—	6	15	20
—	—	8	8
—	58	136	186
—	30	49	79
—	—	—	—
—	12	34	45
—	65	157	212
—	173	689	822

TABLE B.—OTHER INSPECTIONS

Number of Special Inspections	296
Number of Re-inspections	32
TOTAL ...	328

TABLE C.—INFESTATION WITH VERMIN

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons	34,450
(b) Total number of individual pupils found to be infested	685
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	122
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	25

**PART II—DEFECTS FOUND BY PERIODIC AND SPECIAL
MEDICAL INSPECTIONS DURING THE YEAR
PERIODIC INSPECTIONS**

Defect Code No.	Defect or Disease	PERIODIC INSPECTIONS							
		ENTRANTS		LEAVERS		OTHERS		TOTAL	
		(T) (3)	(O) (4)	(T) (5)	(O) (6)	(T) (7)	(O) (8)	(T) (9)	(O) (10)
(1)	(2)								
4	Skin ...	9	35	18	30	27	69	54	134
5	Eyes—								
	a. Vision ...	2	19	77	245	94	175	173	439
	b. Squint	11	24	—	22	2	45	13	91
	c. Other ...	—	5	—	23	4	26	4	54
6	Ears—								
	a. Hearing	1	2	—	9	1	8	2	19
	b. Otitis								
	Media	1	12	1	9	2	14	4	35
	c. Other ...	1	6	1	3	—	2	2	11
7	Nose and								
	Throat	26	108	1	33	4	57	31	198
8	Speech ...	—	13	—	4	—	29	—	46
9	Lymphatic								
	Glands	1	29	—	4	—	6	1	39
10	Heart ...	2	13	—	11	1	13	3	37
11	Lungs ...	—	19	—	15	—	20	—	54
12	Develop- mental—								
	a. Hernia...	2	4	—	—	1	1	3	5
	b. Other ...	—	18	1	14	1	38	2	70
13	Orthopaedic								
	a. Posture	—	1	—	—	—	3	—	4
	b. Feet ...	16	13	1	10	3	17	20	40
	c. Other ...	9	31	6	32	5	47	20	110
14	Nervous System—								
	a. Epilepsy	—	4	—	5	—	8	—	17
	b. Other ...	—	—	—	1	—	4	—	5
15	Psychological								
	a. Develop- ment ...	—	11	—	2	—	8	—	21
	b. Stability	—	25	1	7	—	145	1	177
16	Abdomen ...	—	4	—	4	—	3	—	11
17	Other ...	—	6	2	7	—	6	2	19

PART II—(continued) SPECIAL INSPECTIONS

Defect Code No. (1)	Defect or Disease (2)	Special Inspections	
		Requiring Treatment (3)	Requiring Observation (4)
4	Skin	24	1
5	Eyes— <i>a.</i> Vision	7	1
	<i>b.</i> Squint	1	—
	<i>c.</i> Other	15	—
6	Ears— <i>a.</i> Hearing	4	3
	<i>b.</i> Otitis Media	—	3
	<i>c.</i> Other	—	—
7	Nose and Throat	1	8
8	Speech	—	1
9	Lymphatic Glands	—	—
10	Heart	—	—
11	Lungs	—	—
12	Developmental—		
	<i>a.</i> Hernia... ..	1	—
	<i>b.</i> Other	—	10
13	Orthopaedic—		
	<i>a.</i> Posture	—	—
	<i>b.</i> Feet	—	—
	<i>c.</i> Other	—	7
14	Nervous system—		
	<i>a.</i> Epilepsy	—	—
	<i>b.</i> Other	1	—
15	Psychological—		
	<i>a.</i> Development	—	—
	<i>b.</i> Stability	—	10
16	Abdomen	—	—
17	Other	22	1

**PART III—TREATMENT OF PUPILS ATTENDING MAINTAINED
PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY
AND SPECIAL SCHOOLS)**

TABLE A.—EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	5
Errors of refraction (including squint)	263
Total	268
Number of pupils for whom spectacles were pres- cribed	183

TABLE B.—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases known to have been dealt with
Received operative treatment—	
(a) for diseases of the ear	6
(b) for adenoids and chronic tonsillitis	299
(c) for other nose and throat conditions	28
Received other forms of treatment	13
Total	346
Total number of pupils in schools who are known to have been provided with hearing aids—	
(a) in 1964	2
(b) in previous years	1

TABLE C.—ORTHOPAEDIC AND POSTURAL DEFECTS

	Number of cases known to have been treated
(a) Pupils treated at clinics or out-patients depart- ments	206
(b) Pupils treated at school for postural defects	—
Total	206

TABLE D.—DISEASES OF THE SKIN
(excluding uncleanness, for which see Table C of Part 1)

	Number of cases known to have been treated
Ringworm—(a) Scalp	—
(b) Body	—
Scabies	1
Impetigo	17
Other skin diseases	8
Total	26

TABLE E.—CHILD GUIDANCE TREATMENT

	Number of cases known to have been treated
Pupils treated at Child Guidance Clinics	436

TABLE F.—SPEECH THERAPY

	Number of cases known to have been treated
Pupils treated by speech therapists	No figures available

TABLE G.—OTHER TREATMENT GIVEN

	Number of cases known to have been dealt with
(a) Pupils with minor ailments	423
(b) Pupils who received convalescent treatment under School Health Service arrangements ...	—
(c) Pupils who received B.C.G. vaccination ...	1,015
(d) Other than (a), (b) and (c) above.	
Please specify :	
1—Respiratory System	6
2—Cardio-Vascular System	15
3—Alimentary System	125
4—Central Nervous System	10
5—Genito-Urinary System	24
6—Other conditions not speci- fied.	8
Total (a)—(d)	1,626

**PART IV—DENTAL INSPECTION AND TREATMENT
CARRIED OUT BY THE AUTHORITY DURING
THE YEAR ENDED 31st DECEMBER, 1963.**

(a) Dental and Orthodontic work.

1. Number of pupils inspected by the Authority's Dental Officers—				
1. At Periodic Inspection	...	...	...	3,096
2. As Specials	...	...	...	3,219
			Total (1)	6,315

2. Number found to require treatment	...			4,369
3. Number offered treatment	...	...		4,369
4. Number actually treated	...	...	...	2,832

(b) Dental work (other than orthodontics) NOTE : Figures relating to orthodontics should not be included in Section (b)

1. Number of attendances made by pupils for treatment, <i>excluding</i> those recorded at (c) 1 below	7,557
---	-----	-----	-----	-----	-------

2. Half-days devoted to :

1. Periodic (School) Inspection	...	...			19
2. Treatment	...	...	...	...	1,161
			Total (2)		1,180

3. Fillings :

1. Permanent Teeth	...	...	...	...	5,089
2. Temporary Teeth	...	...	...	...	285
			Total (3)		5,374

4. Number of teeth filled :

1. Permanent Teeth	...	...	...	...	3,763
2. Temporary Teeth	...	...	...	...	207
			Total (4)		3,970

5. Extractions :

1. Permanent Teeth	...	...	...	...	1,715
2. Temporary Teeth	...	...	...	...	2,755
			Total (5)		4,470

6. 1. Number of general anaesthetics given for extractions	1,905
--	-----	-----	-----	-----	-------

2. Number of half days devoted to the administration of general anaesthetics by :

A. Dentists	...	...	...	...	68
B. Medical Practitioners	...	...	...	...	96
			Total (6)		164

7. Number of pupils supplied with artificial teeth	...				86
--	-----	--	--	--	----

8. Other operations :

1. Crowns (Porcelain Jacket)	18
2. Inlays	1
3. Other Treatment	1,651

Total (8) ... 1,670

(c) Orthodontics :

1. Number of attendances made by pupils for orthodontic treatment	733
2. Half days devoted to orthodontic treatment	100
3. Cases commenced during the year	63
4. Cases brought forward from previous year ...	28
5. Cases completed during the year	26
6. Cases discontinued during the year	2
7. Number of Pupils treated by means of appliances	62
8. Number of Removable appliances fitted ...	96
9. Number of Fixed appliances fitted	—
10. Cases referred to and treated by Hospital Orthodontists	2

